



Camper Registration Form



Camp Office Use 02/15/2017

Both sides MUST be completed!
Or scan QR Code to go to online registration

Camper's LAST Name: _____ Male Female

FIRST Name: _____ Grade ENTERING Fall '17: _____ Date of Birth: _____
mm/dd/yy

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Family Phone: (_____) _____

Family e-mail address: _____ @ _____

(Confirmations will be sent by email unless no family e-mail address is available)

Father's/Guardian #1 Name: _____ Emergency Phone #'s (area codes): _____

Mother's /Guardian #2 Name: _____ Emergency Phone #'s (area codes): _____

Camper lives with (if different than above): _____ Relationship to camper? _____

Camper's Home Church: _____ City _____ Member? _____

Attending camp with a specific church group other than your own? Church Name/City: _____

All campers should be aware and agree:

"I, the camper, understand that the main purpose of this camp is to help me grow spiritually and that the rules of the camp are based on the Christian value system. **I, the camper, have read the rules (in brochure or online) and agree to cooperate fully.**"

Summer Camp 2017 - The summer of Relentless Love...



(✓) Check Program(s) Attending... Code represents grade entering in the Fall of 2017

Lakeside Camp	Date	Deposit**	Total	Aurora Buck
			Camp Fee	Discount*
<input type="checkbox"/> L123a	June 29-30	\$30	\$98	(\$25)
<input type="checkbox"/> L123PC	July 27-28	\$30	\$98	(\$25)
<input type="checkbox"/> Parent	July 27-28	\$15	\$65	(\$25)
<input type="checkbox"/> L345	June 25-29	\$75	\$290	(\$75)
<input type="checkbox"/> L456	July 23-27	\$75	\$290	(\$75)
<input type="checkbox"/> L567	July 2-7	\$100	\$384	(\$100)
<input type="checkbox"/> CW678	June 18-23	\$100	\$384	(\$100)
<input type="checkbox"/> L678a	July 16-21	\$100	\$384	(\$100)
<input type="checkbox"/> L678b	July 30-Aug 4	\$100	\$384	(\$100)
<input type="checkbox"/> CW9-12	July 9-14	\$100	\$392	(\$100)

Life Expeditions - Wilderness Base Camps					
Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> LE ViW 4-6	June 18-22	\$265	(\$75)	\$75	VoiceWild
<input type="checkbox"/> LEcanoe 6-9	July 9-13	\$265	(\$75)	\$75	Peace Riv
<input type="checkbox"/> LEcanoe 7-10	July 30-Aug 3	\$265	(\$75)	\$75	Peace Riv
<input type="checkbox"/> LE SMBP 9-12	June 25-30	\$428	(\$100)	\$150	Backpack
<input type="checkbox"/> LE SURV 9-12	July 23-28	\$368	(\$100)	\$100	Survival

Specialty Camps					
Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> SP Paintball 8-12	July 5-7	\$228	(\$50)	\$75	Paintball
<input type="checkbox"/> SP Waterski 6-9	July 28-30	\$228	(\$50)	\$75	Waterski

Hillside Camp	Date	Deposit**	Total	Aurora Buck
			Camp Fee	Discount*
<input type="checkbox"/> H234a	July 2-4	\$50	\$161	(\$50)
<input type="checkbox"/> H234b	July 23-25	\$50	\$161	(\$50)
<input type="checkbox"/> H345	July 30-Aug 3	\$75	\$290	(\$75)
<input type="checkbox"/> H456	July 16-20	\$75	\$290	(\$75)
<input type="checkbox"/> H567	June 25-30	\$100	\$384	(\$100)

REQUEST Form for **Camp Friendship** - Special Needs Camp July 5-7

*Aurora Bucks available from Lake Aurora Supporting Churches. List online.

**Deposits are not transferable or refundable. Total Camp Fee includes deposit. All but the deposit is refundable if requested 2 weeks in advance

Leadership Training				
Program	Date	Deposit**	Total Fee	A.B.D.*
<input type="checkbox"/> Big MAC (8-9 Gr)	June 11-16	\$100	\$384	(\$100)
<input type="checkbox"/> Focus (10-12 Gr)	June 9-16	\$100	\$399	(\$100)
<input type="checkbox"/> Aquatic Training	June 12-16	\$75	\$247^	(\$75)

^ Red Cross requires an additional Fee for online training materials & access. Paid directly to Red Cross. Must be 15 yrs old by June 12.

Alpha Program: \$70 Application Fee (transferable if not selected)
Choose a first choice and a second choice: (App. sent after registration)

- A - Session June 11-23
- B - Session June 25-July 7
- C - Session July 9-21
- D - Session July 23-Aug 4

Pre-sale 2017 Summer Camp theme shirt: \$10. Indicate size & include payment.
Distributed on check in day. **Include payment with registration.**
 ___ Youth S (6/8) ___ Youth M (10/12) ___ Youth L (14/16)
 ___ Adult S ___ Adult M ___ Adult L ___ XL ___ 2XL (+\$2) ___ 3XL (+\$2)

Total Camp Fee _____
Subtract "Aurora Buck Discount" _____
 Rec'd from which Church/City? _____ - (_____)
 Camp fee owed _____
 Amt. of camp fee paying with registration _____
 Deposit** or Full camp fee _____

** Deposits are **not** transferable or refundable. All but the deposit is refundable if requested 2 weeks in advance.

OPTIONAL Pre-pay items - May also purchase at check in
 Group Camp Photo \$6.00 + _____
 Canteen/Store Debit Card* (Any amount up to \$50) + _____
 Pre-sale Shirts @\$10 each + _____
 Paintball (CW912 only -\$20) + _____

Note: \$5 canteen card/spending money account included in fee for **'on campus'** programs. Additional funds may be added.

Total \$ amt enclosed/charged = _____

Payment Method: Check Am Express Mastercard Visa Discover
 CC# _____ Exp date: ____/____/____
 Security code: _____

Amt to Charge \$: _____
 Print Name on Card: _____
 Billing Address (if different than camper): _____
 Signature: _____ Ph#: _____

Health Record

 - The following information must be **completely filled in** and signed by parent/legal guardian.

Camper's Legal Name: _____ Date of Birth: _____

Name camper uses - if different than above: _____

Required - Year of Last Tetanus Booster _____

(Sometimes referred to as DTP or Td or Tdap on health forms. Required at school entry for Kindergarten & 7th grade)

Check boxes for up to date **Vaccinations** as required by Florida law for school entry.

- Diphtheria - Tetanus - Pertussis Series (DTP) Hepatitis B Series Polio Series Varicella (or had "chicken pox")
 Measles - Mumps - Rubella (MMR)

PLEASE NOTE if camper has any of the following:

- Convulsive Disorders Chronic/Recurring Illness Frequent Ear Infections
 Recent Illness or Injury Contagious Disease(s) ADD/ADHD
 Special Conditions to be watched for : _____
 See Attached

 Overall Good Health to participate in camp activities? Recent conditions that may restrict this camper from certain camp activities: _____ *Optional:* Any recent life changes (death in the family, divorce, etc.) _____**Allergies:** Please list any food, medication, insect, etc. allergies & describe reaction & management of reaction:

Allergy: _____ Reaction/Management: _____

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 See Attached**Rx - All medications**(Prescription/Over-the-counter/Herbs) must be in **original container** & turned in upon arrival. PLEASE LIST or Attach

Name of Medication _____ Dosage _____

Reason for taking: _____

Name of Medication _____ Dosage _____

Reason for taking: _____

Name of Medication _____ Dosage _____

Reason for taking: _____

Camper's Physician _____ Physician Phone _____

 Yes No "My child may be given over-the counter oral medication as deemed necessary by the camp nurse, according to protocol, for comfort measures."

(Aspirin will NOT be given) Exceptions: _____ Weight of camper (for dosage) : _____

Health Insurance Information:

Insurance Company _____ Policy/Group # _____

Insured's Name _____ Insured's Date of Birth _____

Emergency Phone Numbers:

Parent/Guardian Name: _____ Phone #'s w/ area codes: _____

If Parent/Guardian is not available, please contact:

Name: _____ Phone: _____

Relationship to camper? _____

In Case of Emergency & Permission to Participate:

"To the best of my knowledge my child is physically and emotionally able to take part in the camp program and its inherent risks. In the event of a medical emergency, I give permission for a health care professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included.

I recognize that this is a Christian camp, that the Bible will be studied, and that camper conduct, as expressed in the camp literature, will be expected that is consistent with Christian values. I understand that cell phones are not permissible for campers and will not allow my child to bring one to camp. I also give my permission for the use of photographs/videos including my child to be used in future camp publicity."

Parent/Guardian _____ Date _____

Signature _____

Required _____

(Parent or Legal Guardian)

**LAKE AURORA**
CHRISTIAN CAMP

Please return Registration & payment to:

Lake Aurora Christian Camp

237 Golden Bough Road

Lake Wales, FL 33898

863.696.1102 Phone

863.696.1062 FAX

www.lakeaurora.org