



# Camper Registration Form



|                 |            |
|-----------------|------------|
| Camp Office Use | 01/26/2018 |
|-----------------|------------|

**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 '18: \_\_\_\_\_ 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 2018 - The summer to Depart...



(✓) Check Program(s) Attending... Code represents grade entering in the Fall of 2018

| Lakeside Camp                   | Date          | Deposit** | Total    | Aurora Buck |
|---------------------------------|---------------|-----------|----------|-------------|
|                                 |               |           | Camp Fee | Discount*   |
| <input type="checkbox"/> L123a  | July 5-6      | \$30      | \$99     | (\$25)      |
| <input type="checkbox"/> L123PC | July 26-27    | \$30      | \$99     | (\$25)      |
| <input type="checkbox"/> Parent | July 26-27    | \$25      | \$65     | (\$25)      |
| <input type="checkbox"/> L234   | July 1-3      | \$50      | \$169    | (\$50)      |
| <input type="checkbox"/> L345   | June 24-28    | \$75      | \$294    | (\$75)      |
| <input type="checkbox"/> L456   | July 22-26    | \$75      | \$294    | (\$75)      |
| <input type="checkbox"/> CW678  | June 17-22    | \$100     | \$387    | (\$100)     |
| <input type="checkbox"/> L678a  | July 15-20    | \$100     | \$387    | (\$100)     |
| <input type="checkbox"/> L678b  | July 29-Aug 3 | \$100     | \$387    | (\$100)     |
| <input type="checkbox"/> CW9-12 | July 8-13     | \$100     | \$397    | (\$100)     |

| Hillside Camp                 | Date       | Deposit** | Total    | Aurora Buck |
|-------------------------------|------------|-----------|----------|-------------|
|                               |            |           | Camp Fee | Discount*   |
| <input type="checkbox"/> H234 | July 22-24 | \$50      | \$169    | (\$50)      |
| <input type="checkbox"/> H345 | July 15-19 | \$75      | \$294    | (\$75)      |
| <input type="checkbox"/> H456 | July 29-2  | \$75      | \$294    | (\$75)      |
| <input type="checkbox"/> H567 | June 24-29 | \$100     | \$387    | (\$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 10-15 | \$100     | \$387     | (\$100) |
| <input type="checkbox"/> Focus (10-12 Gr) | June 10-15 | \$100     | \$387     | (\$100) |
| <input type="checkbox"/> Aquatic Training | June 11-15 | \$75      | \$267^    | (\$75)  |

^ Red Cross requires an additional Fee for online training materials & access. Paid directly to Red Cross. Must be 15 yrs old by June 11.

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

- A - Session June 10-22       C - Session July 8-20
- B - Session June 24-July 6       D - Session July 22-Aug 3

| Life Expeditions - Wilderness Base Camps | Program       | Date  | Fee     | A.B. Discount* | Deposit** | Name |
|--|---------------|-------|---------|----------------|-----------|------|
| <input type="checkbox"/> LE ViW 4-6      | June 17-21    | \$276 | (\$75)  | \$75           | VoiceWild |      |
| <input type="checkbox"/> LEcanoe 6-9     | July 8-12     | \$276 | (\$75)  | \$75           | Peace Riv |      |
| <input type="checkbox"/> LEcanoe 7-10    | July 29-Aug 2 | \$276 | (\$75)  | \$75           | Peace Riv |      |
| <input type="checkbox"/> LE SMBP 9-12    | June 24-29    | \$435 | (\$100) | \$150          | Backpack  |      |
| <input type="checkbox"/> LE SURV 9-12    | July 22-27    | \$368 | (\$100) | \$100          | Survival  |      |

**Specialty Camps**

|  |          |       |        |      |            |
|--|----------|-------|--------|------|------------|
| <input type="checkbox"/> SP Volleyball Girls | July 1-4 | \$213 | (\$50) | \$75 | Volleyball |
| <input type="checkbox"/> SP Waterski 6-9     | July 5-7 | \$228 | (\$50) | \$75 | Waterski   |

**Pre-sale 2018 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   | _____                    |
| <b>Subtract "Aurora Buck Discount"</b>   | _____                    |
| Rec'd from which Church/City?  | _____                    |
|  | - ( _____ )              |
| Camp fee owed  | _____                    |
| Amt. of camp fee paying with registration  | _____                    |
| Deposit** or Full camp fee   | _____                    |
| <b>OPTIONAL Pre-pay items</b> - 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)   | + _____                  |
| <b>Total \$ amt enclosed/charged</b>   | = _____                  |
| <b>Payment Method:</b> <input type="radio"/> Check <input type="radio"/> Am Express <input type="radio"/> Mastercard <input type="radio"/> Visa <input type="radio"/> Discover |                          |
| CC# _____  | Exp date: ____/____/____ |
| Security code: _____   |                          |
| <b>Amt to Charge \$:</b> _____   |                          |
| Print Name on Card: _____  |                          |
| Billing Address (if different than camper): _____  |                          |
| Signature: _____   | Ph#: _____               |

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

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

# 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 &amp; 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: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction/Management: \_\_\_\_\_

 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 &amp; 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