



Camper Registration Form



Camp Office Use	11/7/2019
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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 '20: _____ 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): _____

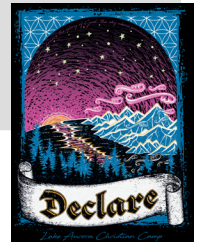
Camper lives with (if different than above): _____ Relationship to camper? _____

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 2020 - The summer to "Declare"

(✓) Check Program(s) Attending...Code represents grade entering in the Fall of 2020

Lakeside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> L123a	June 11-12	\$30	\$99	(\$25)
<input type="checkbox"/> L123b	July 23-24	\$30	\$99	(\$25)
<input type="checkbox"/> L234	June 28-30	\$50	\$169	(\$50)
<input type="checkbox"/> L345	June 7-11	\$75	\$296	(\$75)
<input type="checkbox"/> L456	July 19-23	\$75	\$296	(\$75)
<input type="checkbox"/> L567	June 14-19	\$100	\$389	(\$100)
<input type="checkbox"/> CW678a	June 21-26	\$100	\$389	(\$100)
<input type="checkbox"/> CW678b	July 12-17	\$100	\$389	(\$100)
<input type="checkbox"/> L678	July 26-31	\$100	\$389	(\$100)
<input type="checkbox"/> CW9-12	July 5-10	\$100	\$399	(\$100)

CW = Campuswide event both campuses for same program.

Hillside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> H234	July 19-21	\$50	\$169	(\$50)
<input type="checkbox"/> H456a	June 28-July 2	\$75	\$296	(\$75)
<input type="checkbox"/> H456b	July 26-30	\$75	\$296	(\$75)

CampusWide programs use this campus with Lakeside. See above.

*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 7-12	\$100	\$389	(\$100)
<input type="checkbox"/> Aquatic Training	June 2-6	\$75	\$269^	(\$75)

^ Red Cross requires an additional Fee for online training materials & access. Paid directly to Red Cross. Must be 15 yrs old by June 2.

WHOLE - Leadership June 12-18 \$25 \$50 (N/A)

Voice in Wilderness logistics and counselor training

Alpha Program: \$75 Application Fee (transfer/refund- if not selected)
Choose a first choice and a second choice: (App. sent after registration)

- A - Session June 7-19 C - Session July 5-17
- B - Session June 21-July 2 D - Session July 19-31

Camp Friendship - Special Needs June 14-16 Request Registration form \$170

Life Expeditions - Wilderness Base Camps

Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> LE ViW 4-6	June 14-18	\$277	(\$75)	\$75	VoiceWild
<input type="checkbox"/> LEcanoe 6-9	July 5-9	\$277	(\$75)	\$75	Peace Riv
<input type="checkbox"/> LEcanoe 7-10	July 26-30	\$277	(\$75)	\$75	Peace Riv
<input type="checkbox"/> LE SMBP 9-12	June 21-26	\$440	(\$100)	\$150	Backpack
<input type="checkbox"/> LE SURV 9-12	July 19-24	\$369	(\$100)	\$100	Survival

Specialty Camp

<input type="checkbox"/> SP Volleyball Girls	July 21-24	\$225	(\$50)	\$50	Volleyball
<input type="checkbox"/> H123PC	June 18-19	\$99	(\$25)	\$30	Par/Child
<input type="checkbox"/> Parent	June 18-19	\$65	(\$25)	\$25	

Pre-sale 2020 Summer Camp theme shirt: \$12. Indicate size & include payment. Distributed on check in day. **Include payment with registration. 1 shirt per child**

___ Youth S ___ Youth M ___ Youth L
___ 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 @\$12 each + _____
- Paintball (CW912 only -\$25) + _____

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 \$: _____

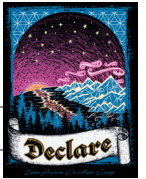
Print Name on Card: _____

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.) _____

NO KNOWN ALLERGIES

Allergies: Please list any food, medication, insect, etc. allergies & describe reaction & management of reaction:

Allergy: _____ Reaction/Management: _____
Allergy: _____ Reaction/Management: _____

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. 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 understand I will be notified if my camper has any of the following: if they have an overnight stay in the infirmary, if they have a fever, severe allergic reaction to food, insect bite, etc., or have a need for an emergency room trip.

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

Signature
Required

Date _____

(Parent or Legal Guardian)



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
info@lakeaurora.org