



Camper Registration Form



Camp Office Use	01/15/2024
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Both sides MUST be completed!
Or scan QR Code to go to online registration

Camper's **LAST** Name: _____ Sex: Male Female

FIRST Name: _____ Grade ENTERING Fall '24: _____ 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 2024 - The love of Jesus created a...

Check Program(s) Attending... **Code represents grade entering** in the Fall of 2024



Lakeside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> L123a	June 13-14	\$25	\$110	(\$25)
<input type="checkbox"/> L123b	July 25-26	\$25	\$110	(\$25)
<input type="checkbox"/> L234	June 30-July 3	\$50	\$250	(\$50)
<input type="checkbox"/> L345	June 9-13	\$50	\$360	(\$75)
<input type="checkbox"/> L456	July 21-25	\$50	\$360	(\$75)
<input type="checkbox"/> L567	June 16-21	\$50	\$470	(\$100)
<input type="checkbox"/> CW678	June 23-28	\$50	\$470	(\$100)
<input type="checkbox"/> L678a	July 14-19	\$50	\$470	(\$100)
<input type="checkbox"/> L678b	July 28-Aug 2	\$50	\$470	(\$100)
<input type="checkbox"/> CW9-12	July 7-12	\$50	\$485	(\$100)

CW = Campuswide event both campuses for same program.

Life Expeditions - Wilderness Base Camps	Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> LE ViW 4-6	June 16-20	\$335	(\$75)	\$50	VoiceWild	
<input type="checkbox"/> LEcanoe 7-9	July 7-11	\$335	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LEcanoe 8-10	July 28-1	\$335	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LE NFLSp 9-12	June 23-28	\$495	(\$100)	\$100	NFL Spri	
<input type="checkbox"/> LE SURV 9-12	July 14-19	\$445	(\$100)	\$50	Survival	

Hillside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> H345	June 16-20	\$50	\$360	(\$75)
<input type="checkbox"/> H456a	July 14-18	\$50	\$360	(\$75)
<input type="checkbox"/> H456b	July 28-Aug 1	\$50	\$360	(\$75)
<input type="checkbox"/> SportsGirls	July 21-25	\$50	\$360	(\$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 9-14	\$50	\$470	(\$100)
<input type="checkbox"/> Aquatic Training	June 3-7	\$50	\$375^	(\$75)
^ Includes Red Cross Fee for online training materials & access. Must be 15 yrs old by June 3.				
<input type="checkbox"/> WHOLE - Leadership	June 14-20	\$25	\$75	(N/A)
9-12 Grade - 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 9-21 C - Session July 7-19
 B - Session June 23-July 3 (11d) D - Session July 21-August 2

Camp Friendship - Special Needs June 30-July 2
Request Registration form \$200

Pre-sale 2024 Camp theme shirt: \$15. Indicate size & include payment.
Distributed on check in day. Include payment with registration. 1 shirt per child
Presale cut off date June 1. Purchase on campus after June 1.

___ Youth S ___ Youth M ___ Youth L
___ Adult S ___ Adult M ___ Adult L ___XL ___2XL (+ \$2) ___3XL (+ \$2)

Total Camp Fee listed _____
Subtract "Aurora Buck Discount" _____
Rec'd from which Church/City? _____
_____ - (_____)
Camp fee owed _____

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

Amt. of camp fee paying with registration _____
Deposit or Camp fee owed** _____
OPTIONAL Pre-pay items - May also purchase at check in
Group Camp Photo \$6.00 + _____
Canteen/Store Debit Card* + _____
(Any amount up to \$60) + _____
Pre-sale Shirts @\$15 each + _____

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. LIST or Attach

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 infirmary, 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:

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 understand that there are elements of inherent risk associated with activities at camp. I have full knowledge and understanding of inherent risks associated with the Lake Aurora Summer Program, including but in no way limited to (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, (4) illness, including exposure to and infections with viruses, bacteria, and infectious diseases. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of the Agreement.

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

Date _____

Required  _____
(Parent or Legal Guardian)

Please return Registration & payment to:

Lake Aurora Christian Camp

237 Golden Bough Road Lake Wales, FL 33898

863.696.1102 Office

info@lakeaurora.org

