



# Camper Registration Form



Camp Office Use	12/13/2024
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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 2025 -



Check Program(s) Attending... **Code represents grade entering** in the Fall of 2025

Lakeside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> L123a	June 12-13	\$25	\$115	(\$25)
<input type="checkbox"/> L123b	July 24-25	\$25	\$115	(\$25)
<input type="checkbox"/> L234	June 29-July 2	\$50	\$260	(\$50)
<input type="checkbox"/> L456a	June 8-12	\$50	\$375	(\$75)
<input type="checkbox"/> L456b	July 20-24	\$50	\$375	(\$75)
<input type="checkbox"/> L567	June 15-20	\$50	\$490	(\$100)
<input type="checkbox"/> CW678	June 22-27	\$50	\$495	(\$100)
<input type="checkbox"/> L678a	July 13-18	\$50	\$495	(\$100)
<input type="checkbox"/> L678b	July 27-Aug 1	\$50	\$495	(\$100)
<input type="checkbox"/> CW9-12	July 6-11	\$50	\$499	(\$100)

CW = Campuswide event both campuses for same program.

Hillside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> H345a	June 15-19	\$50	\$375	(\$75)
<input type="checkbox"/> H345b	July 27-31	\$50	\$375	(\$75)
<input type="checkbox"/> H456	July 13-17	\$50	\$375	(\$75)
<input type="checkbox"/> SportsGirls	July 20-24	\$50	\$375	(\$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 8-13	\$50	\$485	(\$100)
<input type="checkbox"/> Aquatic Training	June 2-6	\$50	\$395^	(\$75)
^ Includes Red Cross Fee for online training materials & access. Must be 15 yrs old by June 3.				
<input type="checkbox"/> WHOLE - Leadership	June 6-12	\$25	\$80	(N/A)
9-12 Grade - Voice in Wilderness logistics and counselor training				

**Alpha Program:** \$100 Application Fee (transfer/refund- if not selected)  
Choose a first choice and a second choice: (App. sent after registration)

- A - Session June 8-20       C - Session July 6-18  
 B - Session June 22-July 2 (11d)       D - Session July 20-August 1

**Camp Friendship** - Special Needs June 29-July 1      Request Registration form \$210

Life Expeditions - Wilderness Base Camps	Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> LE ViW 4-6	June 8-12	\$350	(\$75)	\$50	VoiceWild	
<input type="checkbox"/> LEcanoe 7-9	July 6-10	\$350	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LEcanoe 8-10	July 13-17	\$350	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LE NFLSp 9-12	June 20-24	\$495	(\$75)	\$75	NFL Spri	
<input type="checkbox"/> LE SURV 9-12	June 22-27	\$465	(\$100)	\$50	Survival	

**Pre-sale 2025 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" \_\_\_\_\_      \*\* Deposits are not  
Rec'd from which Church/City? \_\_\_\_\_      transferable or refund-  
\_\_\_\_\_ - ( \_\_\_\_\_ )      able. All but the deposit  
\_\_\_\_\_      is refundable if request-  
Camp fee owed \_\_\_\_\_      ed 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      Note: \$5 canteen card/  
Group Camp Photo \$6.00 + \_\_\_\_\_      spending money ac-  
Canteen/Store Debit Card\*      count included in fee  
(Any amount up to \$60) + \_\_\_\_\_      for **'on campus'** pro-  
Pre-sale Shirts @\$15 each + \_\_\_\_\_      grams. 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