

ROUND LAKE CHRISTIAN CAMP SUMMER CAMP 2010 REGISTRATION CARD

Camp Session	Date	Camp Session	Date	Camp Session	Date
<input type="checkbox"/> 1st-2nd Grade Day Camp 1	June 29	<input type="checkbox"/> 5th-6th Grade Camp 3	July 18-23	<input type="checkbox"/> 7th-9th Grade Wilderness 1	June 20-25
<input type="checkbox"/> 1st-2nd Grade Day Camp 2	June 30	<input type="checkbox"/> 5th-6th Grade Camp 4	Aug. 1-6	<input type="checkbox"/> 7th-9th Grade Wilderness 2	June 27-July 2
<input type="checkbox"/> 1st-2nd Grade Day Camp 3	July 1	<input type="checkbox"/> 5th-6th Grade Pow Wow 1	June 13-18	<input type="checkbox"/> 7th-9th Grade Wilderness 1-2 Combo	June 20-July 2
<input type="checkbox"/> 2nd-3rd Grade Overnight Camp	June 27-28	<input type="checkbox"/> 5th-6th Grade Pow Wow 2	Aug. 1-6	<input type="checkbox"/> 7th-9th Grade Wilderness 3	July 11-16
<input type="checkbox"/> 3rd-4th Grade Camp 1	June 13-15	<input type="checkbox"/> 5th-6th Grade Pow Wow 3	Aug. 8-13	<input type="checkbox"/> 7th-9th Grade Wilderness 4	Aug. 15-20
<input type="checkbox"/> 3rd-4th Grade Camp 2	June 16-18	<input type="checkbox"/> 6th-8th Grade Girls Basketball	July 24-27	<input type="checkbox"/> 9th-12th Grade W. Va Adventure	June 19-25
<input type="checkbox"/> 3rd-4th Grade Camp 3	July 25-27	<input type="checkbox"/> 6th-8th Grade Boys Basketball	July 27-30	<input type="checkbox"/> 9th-12th Grade Connect	June 27-July 2
<input type="checkbox"/> 3rd-4th Grade Camp 4	July 28-30	<input type="checkbox"/> 7th-9th Grade Camp 1	June 20-25	<input type="checkbox"/> 10th-12th Grade Camp	June 13-18
<input type="checkbox"/> 4th Grade Camp	Aug. 15-18	<input type="checkbox"/> 7th-9th Grade Camp 2	July 4-9	<input type="checkbox"/> 10th-12th Grade Wilderness 2	July 18-23
<input type="checkbox"/> 4th Grade Pathfinders	July 25-30	<input type="checkbox"/> 7th-9th Grade Camp 3	July 18-23	<input type="checkbox"/> Age 6-Adult Motocross Camp	Aug. 9-12
<input type="checkbox"/> 5th-6th Grade Camp 1	July 4-9	<input type="checkbox"/> 7th-9th Grade Camp 4	Aug. 8-13	<input type="checkbox"/> Handi-Camp	June 21-24
<input type="checkbox"/> 5th-6th Grade Camp 2	July 11-16	<input type="checkbox"/> 7th-9th Grade Camp 5	Aug. 15-20		

Grade listed is grade camper will be entering in the fall.

Cost of Camp Session \$ _____ (see inside cover of Camp Book) Amount to be Paid by Parents \$ _____ Amount to be Paid by Church \$ _____

PERSONAL INFORMATION

Name _____ Male Female
FIRST LAST

Address _____
STREET CITY STATE ZIP

Mom's/Legal Guardian's Name _____ Contact Number (_____) _____
FIRST LAST

Dad's/Legal Guardian's Name _____ Contact Number (_____) _____
FIRST LAST

Home Ph. (_____) _____ Birth Date ____/____/____ Entering Grade _____
MO. DAY YEAR

E-mail _____ Check if you would like to receive your confirmation by e-mail

Church You Attend _____ City _____ Are You Immersed? Yes No

IF A CHURCH IS PAYING PART OF YOUR TUITION, THIS SECTION MUST BE SIGNED BY AN AUTHORIZED PERSON, WITH THE AMOUNT TO BE BILLED LISTED

_____ will pay \$ _____ of camp tuition.
NAME OF MEMBER CHURCH

X _____ Date ____/____/____
SIGNATURE OF MINISTER/OR CAMP PERSON AUTHORIZED BY YOUR CHURCH MO. DAY YEAR

RLCA OFFICE USE ONLY

Postmark Date: _____

Pre-Reg _____ \$ _____

Pre-Reg _____ \$ _____

Pre-Reg _____ \$ _____

THE FOLLOWING ITEMS MUST BE COMPLETED BEFORE THE REGISTRATION CARD CAN BE MAILED

1. SELECT YOUR WEEK OF CAMP. (For pricing information see inside cover of the Summer Camp Book)
2. FILL OUT ALL PERSONAL INFORMATION.
3. FILL OUT HEALTH RECORD. (On back)
4. IF YOU ARE BRINGING A FRIEND AND WANT TO TAKE ADVANTAGE OF THE BRING A FRIEND DISCOUNT GO TO WWW.ROUNDLAKE.ORG OR CALL THE CAMP OFFICE AND COMPLETE THE NECESSARY FORMS.
5. READ AND SIGN THE RISK OF INJURY-WAIVER OF LIABILITY. (On back)
6. FOR CREDIT CARD PAYMENT FILL OUT CREDIT CARD INFORMATION. (On back)
- 7. ½ TUITION MUST BE SENT WITH THE REGISTRATION CARD.**

What was your Greatest Influence in Coming to Camp? Parents Church Friends Other

~ NO REFUNDS ~

Any or all amount may be transferred to another camp session,
another camper or designated as a gift to Round Lake.

Mail this card and tuition fee to:

ROUND LAKE CHRISTIAN CAMP • Camper Registration • 114 State Route 3 • Lakeville, Ohio 44638

HEALTH RECORD

If Camper Has a History of Drug Allergies, Please List _____

LIST (additional space below) ALL MEDICINE PRESENTLY BEING TAKEN BY CAMPER. _____

(All medicine is to be left and dispensed by Camp Nurse) Any form of medication must be clearly marked in original container from Doctor or pharmacy.

IS THE CAMPER ALLERGIC TO BEE STINGS? Yes No Last Tetanus Booster _____ / _____ / _____
MO. DAY YEAR

DOES THE CAMPER HAVE ANY FOOD ALLERGIES? Yes No If Yes, please explain: _____

Are there any other **physical, medical, allergic, or emotional** conditions including a **Communicable Disease** that the camp should be aware of? _____

SPACE FOR ADDITIONAL MEDICAL INFORMATION _____

PRIMARY INSURANCE COVERAGE IS THE RESPONSIBILITY OF YOUR OWN FAMILY INSURANCE.

Health Insurance Co. _____ Phone Number(_____) _____

Policy Number _____ Group Number _____

Family Physician _____ City _____ Phone Number(_____) _____

RISK OF INJURY – WAIVER OF LIABILITY

- A. I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by all camp policies in force.
- B. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
- C. I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Camp, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
- D. In Case of Emergency: I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this card. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
- E. I understand that Round Lake Christian Camp and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.
- F. I understand that my child may be a subject of photographs taken by the camp for publicity purposes and authorize the use of these photographs.
- G. I acknowledge having read the Camper and Volunteer Faculty Conduct policy and its reasonableness and agree to be bound by its content as found in the Summer Camp Book.

SIGNATURE AND PRINTED NAME

By Signing this I acknowledge that I have read and agree to the Risk of Injury-Waiver of Liability statements above.

Signature _____
PARENT OR LEGAL GUARDIAN

Print Name _____ Date _____ / _____ / _____
MO. DAY YEAR

For Credit Card Payment, Please Print Camper's Name

VISA MasterCard Discover AMEX

Amount to be Charged to Credit Card \$ _____

Name as Shown on Credit Card _____

Credit Card # - - -

Expiration Date as Shown on Card _____ / _____
MO. YEAR

Verification Number (located on back of card, last 3 digits on signature section)

Signature of Card Holder _____

Address _____
STREET CITY STATE ZIP

Card Holder's Contact Number (_____) _____

Would you like to include a gift with your registration to help with camp expenses not covered by tuition?

Your gift is appreciated. Receipts will be given for all gifts over \$25.

\$ _____ My gift to help with camp expenses