

# SUMMER CAMP 2018 REGISTRATION CARD

## CAMP SESSION

Grade listed is grade camper will be entering in Fall 2018

<u>Camp Session</u>	<u>Date</u>	<u>Camp Session</u>	<u>Date</u>	<u>Camp Session</u>	<u>Date</u>
<b><u>Camp Side Programs</u></b>		<b><u>Wilderness Programs</u></b>		<b><u>Lodge Side Programs</u></b>	
<input type="checkbox"/> 1st-2nd Grade Day Camp 1/\$36	July 5	<input type="checkbox"/> 4th Grade Pathfinders/\$220	July 29-Aug 3	<input type="checkbox"/> 6th-8th Gr Girls Basketball/\$200	July 21-24
<input type="checkbox"/> 1st-2nd Grade Day Camp 2/\$36	July 6	<input type="checkbox"/> 5th-6th Grade Pow Wow 1/\$220	June 17-22	<input type="checkbox"/> 6th-8th Gr Boys Basketball/\$200	July 24-27
<input type="checkbox"/> 2nd-3rd Gr Overnight Camp/\$64	July 2-3	<input type="checkbox"/> 5th-6th Grade Pow Wow 2/\$220	July 1-6	<input type="checkbox"/> 7th-9th Grade Camp 1/\$250	July 1-6
<input type="checkbox"/> 3rd-4th Grade Camp 1/\$120	June 10-12	<input type="checkbox"/> 5th-6th Grade Pow Wow 3/\$220	July 22-27	<input type="checkbox"/> 7th-9th Grade Camp 2/\$250	July 15-20
<input type="checkbox"/> 3rd-4th Grade Camp 2/\$120	June 13-15	<input type="checkbox"/> 5th-6th Grade Pow Wow 4/\$220	Aug 5-10	<input type="checkbox"/> 7th-9th Grade Camp 3/\$250	July 29-Aug 3
<input type="checkbox"/> 3rd-4th Grade Camp 3/\$120	July 22-24	<input type="checkbox"/> 7th-9th Grade Trekker 1/\$250	June 10-15	<input type="checkbox"/> 7th-9th Grade Niche Camp/\$250	Aug. 5-10
<input type="checkbox"/> 3rd-4th Grade Camp 4/\$120	July 25-27	<input type="checkbox"/> 7th-9th Grade Trekker 2/\$250	June 24-29	<input type="checkbox"/> 9th-12th Grade Connect/\$270	June 24-29
<input type="checkbox"/> 5th-6th Grade Camp 1/\$250	July 8-13	<input type="checkbox"/> 7th-9th Grade Trekker 3/\$250	July 8-13	<input type="checkbox"/> 10th-12th Grade Camp/\$250	June 10-15
<input type="checkbox"/> 5th-6th Grade Camp 2/\$250	July 15-20	<input type="checkbox"/> 7th-12th Grade WV Adventure/\$356	June 23-29	<input type="checkbox"/> 7th-12th Grade Paintball/\$326	June 10-15
<input type="checkbox"/> 5th-6th Grade Camp 3/\$250	Aug 5-10	<input type="checkbox"/> 10th-12th Grade Trailblazer/\$250	July 15-20	<input type="checkbox"/> VIP Camp/\$220	July 9-12
Camp Session Total Fees			\$		
Amount to be Paid by Parents			\$		
Amount to be Paid by Church			\$		
Amount Enclosed (50% Required)			\$		

### PERSONAL INFORMATION

Name \_\_\_\_\_  Male  Female  
FIRST LAST

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Mom's/Legal Guardian's Name \_\_\_\_\_  Cell /  Work Ph. (\_\_\_\_\_) \_\_\_\_\_  
FIRST LAST

Dad's/Legal Guardian's Name \_\_\_\_\_  Cell /  Work Ph. (\_\_\_\_\_) \_\_\_\_\_  
FIRST LAST

Jersey Size (Basketball Camp Only) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_\_ High School Grad. Year \_\_\_\_\_  
MO. DAY YEAR

Family Email \_\_\_\_\_ Preferred Contact Method to Receive Future Camp Info  Mail  Phone  Email

Church You Attend \_\_\_\_\_ City \_\_\_\_\_ Camper Immersed?  Yes  No

IF A CHURCH IS PAYING PART OF YOUR TUITION, THIS SECTION MUST BE COMPLETED IN FULL WITH THE AMOUNT TO BE BILLED LISTED

\_\_\_\_\_ will pay \$ \_\_\_\_\_ of camp tuition.  
NAME OF CHURCH

\_\_\_\_\_  
CHURCH DISCOUNT CODE

**RLCC OFFICE USE ONLY**

Postmark Date: \_\_\_\_\_

Pre-Reg \_\_\_\_\_ \$ \_\_\_\_\_

Pre-Reg \_\_\_\_\_ \$ \_\_\_\_\_

Pre-Reg \_\_\_\_\_ \$ \_\_\_\_\_

### **ROUND LAKE REFUND POLICY**

IF YOU ARE UNABLE TO ATTEND, YOU MAY TRANSFER YOUR FULL REGISTRATION FEE TO ANOTHER ATTENDEE OR CAMP SESSION WITHIN THE SAME SUMMER, OR YOU MAY CHOOSE TO DONATE YOUR MONEY TO HELP OTHER STUDENTS ATTEND SUMMER CAMP.

YOU MAY APPLY FOR A PARTIAL REFUND AS LONG AS CERTAIN CONDITIONS ARE MET AND REFUND APPLICATION IS SUBMITTED NO LATER THAN 14 DAYS PRIOR TO EVENT START DATE. FOR MORE INFORMATION, PLEASE SEE OUR FAQS PAGE ARTICLE ENTITLED: "WHAT IS ROUND LAKE'S REFUND POLICY?"

### **\*\*Payment Policy\*\***

A minimum of 50% deposit is required along with completed registration form to register for a session. Registrations will be processed on a first come, first served basis until camp sessions are filled. Camps do fill up, so register early to avoid disappointing your camper! Any declined or overdue payments are subject to a \$25 fee. Full balances must be paid in full 7 days prior to check-in.

Church sponsorship portion does not apply to 50% deposit. Any walk-on camper is subject to late fees.

**Mail this card and payment to: (do not fax)**

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

# HEALTH RECORD

Please list any pertinent medical information: (EX: Allergies to medication, food, insects, hayfever, ivy, etc. and reactions, conditions or recent surgeries)

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All medicine is to be left and dispensed by the Camp Nurse. All forms of medication must be clearly marked with camper's name and in original container from doctor or pharmacy.

Please check all, past or present, which apply to your camper and briefly explain below any checked boxes.

ADHD Asthma Behavior Problems Convulsions/seizures Diabetes Heart Trouble Hemophilia High Blood Pressure Joint/Bone Issues

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**For medications that can be administered to your child as needed, please check below any of the medications with your pre-approval.**

Inhalers Headache/Tylenol Eye/Ear Drops Antihistamine/Benadryl Other – please explain below.

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## WAIVER OF LIABILITY AND MEDICAL CONSENT

- ♦ 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.
- ♦ I deem my child qualified in good health, proper physical condition and desire that my child participate in the full range of camp activities and acknowledge the natural conditions of camp activities and the interaction with other children of various ages may subject my child to a risk of serious injury.
- ♦ Consent of Medical Treatment: I hereby authorize the management of Round Lake Christian Camp and its representatives consent to any necessary examination, diagnosis, surgery or treatment and/or hospital care to be rendered to my child as named on this form under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. I accept all financial responsibility for the medical treatment of the child named on this form.
- ♦ If a program activity is planned for the particular camp session of the child listed on this registration card, or medical care is necessary for my child or the child under my (care), I hereby give permission for Round Lake Christian Camp to transport said child off camp property for a program activity or medical treatment. In addition, I will hold Round Lake Christian Camp and its representatives harmless should personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred to said child during, or arising out of, said child's participation in an off camp activity or medical care treatment including but not limited to travel incident thereof.
- ♦ 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 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.
- ♦ 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.
- ♦ I understand that my child's image may be used in publicity materials (photos, video, quotes, etc.) and I authorize the use of these.

### SIGNATURE AND PRINTED NAME

By Signing this I acknowledge that I have read and agree to the Waiver of Liability and Medical Consent statements above.

Signature \_\_\_\_\_

PARENT OR LEGAL GUARDIAN

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YEAR

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**Would you like to include a gift with your registration** to help with camp expenses not covered by camp tuition?  
To keep our camp fees down we rely on the generous giving of people like you. Your tax deductible gift is appreciated!  
\$ \_\_\_\_\_ Is my gift to further the ministry of Round Lake Christian Camp. (Please add this amount to payment.)

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For Credit Card Payment, Please Print Camper's Name

VISA Mastercard Discover American Express

Amount to be Charged to Credit Card \$ \_\_\_\_\_

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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 ( \_\_\_\_\_ ) \_\_\_\_\_

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