



2016 LYM Summer Camp

Camper Application For Group Registration

CHURCH INFO:

Church Attending With: _____ Church City: _____

Youth Leader/Camp Coordinator: _____

Week Attending: _____ **LYM Summer Camp #1** _____ **LYM Summer Camp #2** _____ **LYM Tween Camp**

CAMPER INFO:

Camper's Name: _____ Guy _____ Girl Age: ___ DOB: ___/___/___

Home Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFO:

Please check if camper has any of the following conditions:

- | | |
|--|--|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> Fainting, Dizzy Spells |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Insect Sting Reaction |
| <input type="checkbox"/> Tubes In Ears | <input type="checkbox"/> Surgery/Medical Care In Last Year |
| <input type="checkbox"/> Overheats Easily | <input type="checkbox"/> Struggles w/ Eating Disorder |
| <input type="checkbox"/> Other Medical Facts We Should Know: _____ | |

If your camper needs to bring any medications to camp, please complete a Medication Form and have your camper bring it with them to camp. The Medication Form is located on our website.
lymsummercamps.com

Date of most recent tetanus shot: ___ / ___ / ___ (REQUIRED in case of emergency)

INSURANCE INFO:

Camper's Insurance Company: _____ Policy #: _____

PLEASE NOTE... Camp insurance is SECONDARY. Camper's insurance is PRIMARY.

EMERGENCY CONTACT INFO:

Parent/Guardian Name: _____ Relationship To Camper: _____

Home Ph: (____) _____ - _____ Cell: (____) _____ - _____ Work/Alt Phone: (____) _____ - _____

Home Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZATIONS:

I give permission for my child to participate in all camp-related activities. I give my consent for the camp first aid personnel or other appointed authority to administer proper medication and/or treatment as needed. In the event I cannot be notified of necessary emergency surgery or other medical treatment for my child, I give my permission for the attending physician to treat my child in the manner he/she recommends.

I also understand participants are liable for damage caused intentionally or maliciously. Damage caused by a participant will be directly to the participant responsible and their legal guardian.

I also give permission for photos (individual or group) & video footage to be taken of my student at this event, to be used in the best interest of Louisiana Youth Ministries, as well as the Louisiana District Council of the Assemblies of God.

I understand, for the safety and protection of the registered participants, this camp is a closed campus event. NO guests will be allowed on the grounds without prior approval from the Louisiana Youth Ministries Director.

PARENT/GUARDIAN SIGNATURE(required): _____ **Relationship To Camper:** _____

PASTOR/YOUTH LEADER SIGNATURE: _____

I acknowledge that I have read the Camp Guidelines and I understand that my signature below signifies that I am in agreement with its contents. I understand that should I be sent home for breaking the camp rules, I will not receive a refund (full or partial). I also understand that I will be informed of other camp rules upon arrival, and should I break any of those rules and the resulting discipline warrant it, I will be dismissed from camp without refund. I understand that LYM Summer Camp is a volunteer activity. I am willing to cooperate with the overall spirit and schedule of this event.

CAMPER'S SIGNATURE: _____

RULES FOR ACCEPTANCE AND PARTICIPATION IN THE CAMP ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, AND NATIONAL ORIGIN, AGE, GENDER OR HANDICAP.