



CAMP REGISTRATION FORM

ThanksLiving Camp

Camp Dates: NOVEMBER 21-23, 2021

Grades 6-12 at Lake Aurora Christian Camp

**Early Bird Discount* (by Nov. 5th): \$110 Camper / \$60 Leaders*

Regular Cost (after Nov. 5th): \$130 Campers / \$80 Leaders

Register Online! www.lakewalescarecenter.com/thanksliving

Participant Information

NAME _____ Male Female BIRTHDATE _____

ADDRESS _____
Mailing Address City State Zip

PHONE _____ EMAIL _____

2021/2022 School Grade _____ T-SHIRT SIZE (*adult*): S M L XL XXL XXXL

CHURCH AFFILIATION _____

FOOD ALLERGIES: _____

MEDICATIONS: _____

MEDICAL CONCERNS: _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE PROVIDER _____

POLICY NO. or GROUP NO. _____

Emergency Contact(s)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Office use: Paid: cash ck# _____ Receipt _____ Computer _____ Confirmation _____

READ THIS FORM COMPLETELY AND CAREFULLY. (LEADERS IN ITALICS)

YOUR CHILD'S (*YOUR*) PHOTOGRAPH MAY BE USED IN FUTURE CARE CENTER PUBLICATIONS AND SOCIAL MEDIA. I (WE) UNDERSTAND THAT IN THE EVENT MEDICAL TREATMENT IS REQUIRED FOR MY CHILD, EVERY EFFORT WILL BE MADE TO CONTACT ME. HOWEVER, IF I CANNOT BE REACHED, (*IF I REQUIRE MEDICAL ATTENTION AS A CAMP LEADER*) I GIVE MY PERMISSION TO THE STAFF OR SPONSOR TO SECURE THE SERVICES OF A LICENSED PHYSICIAN AND/OR OTHER NECESSARY HEALTH CARE PROVIDER TO PROVIDE THE CARE NECESSARY, INCLUDING ANESTHESIA, FOR MY CHILD'S (*MY*) WELL-BEING.

YOU ARE AGREEING TO LET YOUR MINOR CHILD (*YOURSELF*) ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LAKE WALES CARE CENTER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD (*YOU*) MAY BE INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S (*YOUR*) RIGHT TO RECOVER FROM LAKE WALES CARE CENTER, OR VOLUNTEERS OR STAFF THEREOF, IN A LAWSUIT FOR ANY PERSONAL INJURY TO YOUR CHILD (*YOURSELF*) OR ANY PROPERTY DAMAGE RESULTING FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND LAKE WALES CARE CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD (*YOU*) PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Participant Name: _____

Signer: Parent/Guardian of child under 18 years old Self

(print)

(sign)

STATE OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2021, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public

My Commission Expires: _____

(SEAL)

Return to: Lake Wales Care Center
140 E Park Ave
Lake Wales, FL 33853-4124
863-676-6678