



2022 STAY-AT-HOME WORK CAMP REGISTRATION FORM

140 E Park Ave. Lake Wales, FL 33853-4124 863.676.6678

EARLY BIRD PRICING AVAILABLE - REGISTER SOON!
Register online at lakewalescarecenter.com/news-and-events/

NAME _____ Male Female

ADDRESS _____
Mailing Address City State Zip

PHONE (____) _____ - _____ E-MAIL _____

BIRTHDATE _____ **2020/2021 School Grade** (or "L" for Leaders) _____ PLEASE PUT COMPLETED GRADE

Please select camp(s) attending:

<p>June 19-24: Endeavor</p> <p>EARLY BIRD PRICE \$20 Discount Thru June 3rd Camper \$200 / Leader \$100</p> <hr/> <p>REGULAR PRICE Due by June 11th Camper \$220 / Leader \$120</p>	<p>July 10-15: HEART Village</p> <p>EARLY BIRD PRICE \$20 Discount Thru June 24th Camper \$150 / Leader \$75</p> <hr/> <p>REGULAR PRICE Due by July 1st Camper \$170 / Leader \$95</p>	<p>July 24-29: HEART Village</p> <p>EARLY BIRD PRICE \$20 Discount Thru July 8th Camper \$150 / Leader \$75</p> <hr/> <p>REGULAR PRICE Due by July 15th Camper \$170 / Leader \$95</p>	<p>August 2-4: Day Camp</p> <p>EARLY BIRD PRICE \$10 Discount Thru July 19th Camper \$65 / Leader \$25</p> <hr/> <p>REGULAR PRICE Due by July 26th Camper \$75 / Leader \$35</p>
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T-SHIRT SIZE: (Circle one – adult sizes) S M L XL XXL XXXL

CHURCH YOU REGULARLY ATTEND _____

EMERGENCY CONTACT PERSON(S)

Name _____ Relationship _____ Cell _____
Other _____

Name _____ Relationship _____ Cell _____
Other _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE PROVIDER _____

POLICY NO. or GROUP NO. _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

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 _____, 2022, 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