



# 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 \_\_\_\_\_ **2021/2022 School Grade** (or "L" for Leaders) PLEASE PUT COMPLETED GRADE \_\_\_\_\_

### Please select camp(s) attending:

<b>June 19-24: Endeavor</b> <b>EARLY BIRD PRICE</b> <i>\$20 Discount Thru June 3<sup>rd</sup></i> <b>Camper \$200 / Leader \$100</b> <hr/> <b>REGULAR PRICE</b> <i>Due by June 11<sup>th</sup></i> <b>Camper \$220 / Leader \$120</b>	<b>July 10-15: HEART Village</b> <b>EARLY BIRD PRICE</b> <i>\$20 Discount Thru June 24<sup>th</sup></i> <b>Camper \$150 / Leader \$75</b> <hr/> <b>REGULAR PRICE</b> <i>Due by July 1<sup>st</sup></i> <b>Camper \$170 / Leader \$95</b>	<b>July 24-29: HEART Village</b> <b>EARLY BIRD PRICE</b> <i>\$20 Discount Thru July 8<sup>th</sup></i> <b>Camper \$150 / Leader \$75</b> <hr/> <b>REGULAR PRICE</b> <i>Due by July 15<sup>th</sup></i> <b>Camper \$170 / Leader \$95</b>	<b>August 2-4: Day Camp</b> <b>EARLY BIRD PRICE</b> <i>\$10 Discount Thru July 19<sup>th</sup></i> <b>Camper \$65 / Leader \$25</b> <hr/> <b>REGULAR PRICE</b> <i>Due by July 26<sup>th</sup></i> <b>Camper \$75 / Leader \$35</b>
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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:

\_\_\_\_\_  
\_\_\_\_\_

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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)

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