

# CAMP LACAMAS ADVENTURE CAMP 2018

**DAY CAMP**  
**JULY 30—AUG 3**  
**9AM—2PM**  
**\$75 PER CHILD**  
 (ENTERING K—6TH GRADE)

**CHILD'S INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FEMALE  MALE  GRADE (AS OF SEPT 2017): \_\_\_\_\_ DATE OF LAST TETNUS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMP PARTNER REQUEST: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CONTACT#: ( \_\_\_\_\_ ) CONTACT 2 #: ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CONTACT #: ( \_\_\_\_\_ )

MEDICAL CONCERNS OR ALLERGIES: \_\_\_\_\_

MEDICATION BRINGING TO CAMP: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ POLICY#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ CITY: \_\_\_\_\_ CONTACT#: ( \_\_\_\_\_ )

**T-SHIRT SIZE:** \_\_\_\_\_  YOUTH SIZE or  ADULT SIZE **(INCLUDED WITH REGISTRATION! YOUR CHILD WILL RECEIVE AN ADVENTURE CAMP T-SHIRT AT THE END OF CAMP WEEK)**  
 (XS, SM, MD, LG, XL)

**SPECIAL DIETARY NEEDS (GLUTEN AND/OR DAIRY FREE) — ADD \$20**  
 My child's special dietary needs are: \_\_\_\_\_

**TURN IN A COMPLETED REGISTRATION FORM FOR EACH CHILD & PAYMENT TO PASTOR DENISE OR THE CHURCH OFFICE. CHECKS CAN BE MADE OUT TO NORTHLAKE CHURCH.**

As parent or legal guardian, I give the above named child my permission to attend and participate in Camp Lacamas Adventure camp. In the event of illness or injury, I authorize the camp staff to provide emergency care via the camp nurse, local medical staff, or hospital in case I cannot be reached. I understand that Camp Lacamas' insurance is secondary to my own primary coverage, for which I am responsible. I understand, acknowledge, and accept the risks that are involved in camping activities. I hereby verify that all immunizations are current, and the above information is complete and accurate. I agree to notify Camp Lacamas of any changes prior to camp check-in. I understand that it is my responsibility to notify the camp regarding food allergies my child has prior to camp check-in. Registrations may be refundable at Camp Lacamas' sole discretion. Acceptance and participation in Camp Lacamas programs are the same for everyone regardless of gender, race, color, or national origin. Media clips/photos of my child may be used for Camp Lacamas promotional purposes.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_