



PERSONAL INFORMATION

Name _____ Male Female
FIRST LAST

Address _____
STREET CITY STATE ZIP

Mom's/Legal Guardian's Name _____ Cell / Work Ph. (_____) _____
FIRST LAST

Dad's/Legal Guardian's Name _____ Cell / Work Ph. (_____) _____
FIRST LAST

Home Ph. (_____) _____ Birth Date ____/____/____ Entering Grade _____
MO. DAY YEAR

Family Email _____ Preferred Contact Method to receive future Camp Info Email Phone Mail

Church You Attend _____ City _____ Are You Immersed? Yes No

Grade listed is grade camper will be entering in Fall 2012.

<u>Camp Session</u>	<u>Date</u>	<u>Camp Session</u>	<u>Date</u>	<u>Camp Session</u>	<u>Date</u>
<u>Camp Side Programs</u>		<u>Wilderness Programs</u>		<u>Lodge Side Programs</u>	
<input type="checkbox"/> 1st-2nd Grade Day Camp 1/\$30	June 26	<input type="checkbox"/> 4th Grade Pathfinders/\$180	July 22-27	<input type="checkbox"/> 6th-8th Gr Girls Basketball/\$180	July 21-24
<input type="checkbox"/> 1st-2nd Grade Day Camp 2/\$30	June 27	<input type="checkbox"/> 5th-6th Grade Pow Wow 1/\$180	June 10-15	<input type="checkbox"/> 6th-8th Gr Boys Basketball/\$180	July 24-27
<input type="checkbox"/> 1st-2nd Grade Day Camp 3/\$30	June 28	<input type="checkbox"/> 5th-6th Grade Pow Wow 2/\$180	July 1-6	<input type="checkbox"/> 7th-9th Grade Camp 1/\$220	July 1-6
<input type="checkbox"/> 2nd-3rd Gr Overnight Camp/\$50	June 24-25	<input type="checkbox"/> 5th-6th Grade Pow Wow 3/\$180	July 29-Aug 3	<input type="checkbox"/> 7th-9th Grade Camp 2/\$220	July 15-20
<input type="checkbox"/> 3rd-4th Grade Camp 1/\$100	June 10-12	<input type="checkbox"/> 5th-6th Grade Pow Wow 4/\$180	Aug 5-10	<input type="checkbox"/> 7th-9th Grade Camp 3/\$220	July 29-Aug 3
<input type="checkbox"/> 3rd-4th Grade Camp 2/\$100	June 13-15	<input type="checkbox"/> 7th-9th Grade Trekker 1/\$220	June 17-22	<input type="checkbox"/> 7th-9th Grade Camp 4/\$230	Aug 5-10
<input type="checkbox"/> 3rd-4th Grade Camp 3/\$100	July 22-24	<input type="checkbox"/> 7th-9th Grade Trekker 2/\$220	June 24-29	<input type="checkbox"/> 9th-12th Grade Connect/\$250	June 24-29
<input type="checkbox"/> 3rd-4th Grade Camp 4/\$100	July 25-27	<input type="checkbox"/> 7th-9th Grade Trekker 3/\$220	July 8-13	<input type="checkbox"/> 10th-12th Grade Camp/\$220	June 10-15
<input type="checkbox"/> 5th-6th Grade Camp 1/\$220	June 17-22	<input type="checkbox"/> 7th-12th Grade WV Adventure/\$300	June 23-29	<input type="checkbox"/> VIP Camp/\$200	June 18-21
<input type="checkbox"/> 5th-6th Grade Camp 2/\$220	July 1-6	<input type="checkbox"/> 10th-12th Grade Trailblazers/\$220	July 15-20		
<input type="checkbox"/> 5th-6th Grade Camp 3/\$220	July 8-13				
<input type="checkbox"/> 5th-6th Grade Camp 4/\$220	July 15-20				
<input type="checkbox"/> 10th Gr - College Age Service/ Missions Camp/\$250	June 17-22				
<input type="checkbox"/> Age 6-Adult MotocrossCamp/\$695	Aug 6-10				

Camp Session Fee	\$ _____
Amount to be Paid by Parents	\$ _____
Amount to be Paid by Church	\$ _____
Amount Enclosed (50% required)	\$ _____

If a church is paying part of your tuition, this section must be completed in full with the amount to be billed listed

_____ will pay \$ _____ of camp tuition.
NAME OF MEMBER CHURCH

X _____ Date ____/____/____
AUTHORIZED CHURCH SIGNATURE OR CHURCH CODE NUMBER MO. DAY YEAR

RLCA OFFICE USE ONLY

Postmark Date: _____

Pre-Reg _____ \$ _____

Pre-Reg _____ \$ _____

Pre-Reg _____ \$ _____

**THE FOLLOWING ITEMS MUST BE COMPLETED BEFORE
THE REGISTRATION CARD CAN BE MAILED**

1. SELECT YOUR WEEK OF CAMP.
2. FILL OUT ALL PERSONAL INFORMATION.
3. FILL OUT HEALTH RECORD. (On back)
4. **READ AND SIGN THE WAIVER OF LIABILITY AND MEDICAL CONSENT STATEMENTS.** (On back)
6. FOR CREDIT CARD PAYMENT FILL OUT CREDIT CARD INFORMATION. (On back)
- 7. 50% DEPOSIT MUST BE SENT WITH THE REGISTRATION CARD. (SEE PAYMENT POLICY BELOW)**

****New Payment Policy****

A minimum of 50% deposit is required and a completed registration form to register for a session. Registrations will be processed on a first come, first serve basis until camp sessions are filled. Camps do fill up, so register early to avoid disappointing your camper! Any declined or overdue payments are subject to a \$25 fee. Registrations received after 7 p.m., seven days prior to Check-In are subject to a \$25 late fee. Balances paid in full prior to Check-In will avoid longer waits on Check-In day.

Church sponsorship portion does not apply to 50% deposit. Cancellation Policy can be viewed online at www.roundlake.org/summercamp/policies

Mail this card and payment to: (do not fax)
 ROUND LAKE CHRISTIAN CAMP • Camper Registration • 114 State Route 3 • Lakeville, Ohio 44638

HEALTH RECORD

Please list any pertinent medical information: (EX: Allergies to medication, food, insects, hayfever, ivy, etc. and reactions, conditions or recent surgeries)

All medicine is to be left and dispensed by the Camp Nurse. All forms of medication must be clearly marked with Camper's name and in original container from Doctor or pharmacy.

Please check all, past or present, which apply to your camper and briefly explain below any checked boxes.

ADHD Asthma Behavior Problems Convulsions/seizures Diabetes Heart Trouble Hemophilia High Blood Pressure Joint/ Bone Issues

For medications that can be administered to your child as needed, please check below any of the medications with your pre-approval.

Inhalers Headache/Tylenol Eye/Ear drops Antihistamine/Benadryl Other- please explain below.

WAIVER OF LIABILITY AND MEDICAL CONSENT

- ♦ I hereby give permission for my child to participate in recreational, swimming and learning activities and to be bound by all camp policies in force.
- ♦ I deem my child qualified in good health, proper physical condition and desire that my child participate in the full range of camp activities and acknowledge the natural conditions of camp activities and the interaction with other children of various ages may subject my child to a risk of serious injury.
- ♦ Consent of Medical Treatment: I hereby authorize the management of Round Lake Christian Camp and its representatives consent to any necessary examination, diagnosis, surgery or treatment and/or hospital care to be rendered to my child as named on this form under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. I accept all financial responsibility for the medical treatment of the child named on this form.
- ♦ If a program activity is planned for the particular camp session of the child listed on this registration card, or medical care is necessary for my child or the child under my (care), I hereby give permission for Round Lake Christian Camp to transport said child off camp property for a program activity or medical treatment. In addition I will hold Round Lake Christian Camp and its representatives harmless should personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred to said child during, or arising out of, said child's participation in an off camp activity or medical care treatment including but not limited to travel incident thereof.
- ♦ I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Camp, its staff, management, faculty, volunteers, or officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
- ♦ I understand that Round Lake Christian Camp and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.
- ♦ I understand that my child's image may be used in publicity materials (photos, video, quotes, etc.) and I authorize the use of these.

SIGNATURE AND PRINTED NAME

By Signing this I acknowledge that I have read and agree to the Waiver of Liability and Medical Consent statements above.

Signature _____

PARENT OR LEGAL GUARDIAN

Print Name _____ Date ____/____/____
MO. DAY YEAR

Would you like to include a gift with your registration to help with camp expenses not covered by camp tuition?
 To keep our camp fees down we rely on the generous giving of people like you. Your tax deductible gift is appreciated!
 \$ _____ Is my gift to further the ministry of Round Lake Christian Camp. (Please add this amount to payment.)

For Credit Card Payment, Please Print Camper's Name

VISA MasterCard Discover

Amount to be Charged to Credit Card \$ _____

Name as Shown on Credit Card _____

Credit Card # - - -

Expiration Date as Shown on Card ____/____
MO. YEAR

Verification Number (located on back of card, last 3 digits on signature section)

Signature of Card Holder _____

Address _____
STREET CITY STATE ZIP

Card Holder's Contact Number (_____) _____