

# **Lopez Canyon Bible Camp Camper Registration**

July 22 – 27, 2019

\$275 (\*\$10 Early-bird discount per camper if you register & pay in full by June 30<sup>th</sup>, 2019)

1) **Mail this form** with non-refundable \$75 deposit for each camper to :

Lopez Canyon Bible Camp – 3067 Upper Lopez Canyon, Arroyo Grande, CA 93420.

Registration deadline - July 15, 2019. After deadline please call for availability - (805) 489-7631.

2) Balance of \$200 due upon arrival at camp.

3) Please check size for your FREE camp T-shirt:

**Children's** \_\_\_ Sm.(8) \_\_\_ Med.(10/12) \_\_\_ Lg.(14/16) / **Adult** \_\_\_ Sm. \_\_\_ Med. \_\_\_ Lg. \_\_\_ Ex. Lg.

4) Check age group of camper. 12 year old campers can choose either program -

Jr. Camp – Ages 7 – 12       Jr. High Camp – Ages 12 – 14 (going into 8<sup>th</sup> grade)

5) Camper's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Circle one - Male /Female

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade next fall \_\_\_\_\_

Church affiliation \_\_\_\_\_

Allergies (Food or drugs) \_\_\_\_\_

Medications? (Medications must be brought to camp in original container) \_\_\_\_\_

Date of last immunization: DPT / TD / Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ MMR / Measles \_\_\_\_\_ TB \_\_\_\_\_

Any illness, disability or condition the camp should be aware of? \_\_\_\_\_

I give Lopez Canyon Bible Camp permission to administer Tylenol - Yes / No (*Circle one*)

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent's / guardian name(s) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Emergency Phone # (*other than home*) \_\_\_\_\_ +++++ \_\_\_\_\_

### **Medical Release**

I understand that reasonable measures will be made to safeguard the health and safety of my child and that effort will be made to contact me if my child needs medical treatment.

In case of sickness or accident, I give permission for Lopez Canyon Bible Camp to acquire medical treatment for my child. I release Lopez Canyon Conference Center, their staff and board members from all liability incurred as a result of my child's participation in Lopez Canyon Bible Camp.

I understand that Lopez Canyon Conference Center is not responsible for lost, stolen, or damaged personal property. Lopez Canyon Conference Center reserves the right to include photos, video or other likeness of campers in promotional materials.

6) **\*\*Parent's / guardian signature** \_\_\_\_\_

<b><u>Office use Only</u></b>	
Deposit Date _____	Total Due \$ _____
Deposit Check _____	Paid in full \$ _____
Deposit \$ _____	Bal. Check # _____
Early registration discount # of campers x	
Family Discount \$ _____	
To be picked up by _____	