

2018 LAKEVIEW KIDS CAMP REGISTRATION FORM

Camper's Legal Name _____
 Name Child Goes By _____
 (if different than above) _____
 Male Female Age _____ Birthdate ____/____/____
 Address _____
 City _____ State _____ Zip _____
 Parent/Guardian Name _____
 Cell/Emergency Phone (____) _____
 Alternate Phone (____) _____
 Parent/Guardian E-mail (Required) _____

Church City **Indianapolis**
 Church Name **Lakeview Church**
 Desired Roommates (Some rooms may require sleeping on a mattress on the floor.)
 1. _____
 2. _____
 3. _____
 4. _____

If you are in need of scholarship, list desired amount \$ _____

<p>KIDS CAMP</p> <p>July 9-13</p> <p>For students in grades 2-5</p>	<p>RATES</p> <p>Registration \$225</p> <p>Registrations received after May 27th add \$30</p>	<p>T-SHIRT</p> <p>If you want a CAMP T-SHIRT, please add \$12 to registration.</p>
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Add a Camp T-shirt
 \$12 – Before May 27th
 \$15 – After May 27th

<input type="checkbox"/> Child Small	<input type="checkbox"/> Adult Small	<input type="checkbox"/> X-Large
<input type="checkbox"/> Child Medium	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> XX-Large
<input type="checkbox"/> Child Large	<input type="checkbox"/> Adult Large	

**T-shirts are not considered pre-ordered if payment is not received with pre-registration.

Send **\$50.00 (+ T-shirt money) non-refundable** pre-registration fee for each camp you wish to attend, or entire amount of tuition to:

Camp 2018 – Lakeview Church
47 Beachway Drive
Indianapolis, IN 46224
Make checks payable to "Lakeview Church"

Amount Included \$ _____

HEALTH QUESTIONNAIRE

THIS SECTION MUST BE FILLED OUT COMPLETELY.

This health questionnaire is for the benefit of the camp first-aid administrator and physician in case of illness or accident. Camp registration includes secondary accident insurance (not illness) during camp.

I have medical insurance for my child. Yes No

Policy Number _____

Name of Primary Insured _____

Insurance Company _____

Are all immunizations current with State Law? Yes No

My camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage, for stomach discomfort, burns, cuts, insect bites, rash, aches, fever, cough, congestion, etc.

Yes No List exceptions: _____

Does Camper have:

Heart Trouble	Seizures	Asthma	Hernia
Lung Trouble	HIV/AIDS	Diabetes	Allergies
Other _____			

Please explain checked items AND list any medications (name/dosage/instructions) the camper is taking:

All medications, prescriptions and over-the-counter drugs **MUST BE BROUGHT IN THE ORIGINAL BOTTLE** to registration at Lakeview Church. Medications such as Tylenol, ibuprofen, Benadryl, and anti-itch creams to do not need to be sent with the camper. Please provide additional information if necessary.

I authorize the Camp Staff to administer my child's prescription medication according to the schedule I have provided above. I understand and give consent that all photos and video taken of children during camp may be used for promotional materials and publications. In addition, I give permission for my child to participate in all camp-related activities including, but not limited to, swimming, zip line, archery, and the jet ski. I give permission to the Camp Staff to secure and administer treatment, including hospitalization, for my child. In the event that I cannot be reached in an emergency, I authorize Camp Staff to sign on my behalf, permitting my child to be treated and I agree to be financially responsible for treatment.

X _____
Signature of Legal Parent/Guardian & relationship to child required

X _____
Signature of Pastor

In sending an application *all campers agree* to abide by *all camp rules*, maintaining a Christian spirit of cooperation at all times.

For District Office Only

Date Received _____ CC/CK# _____

Amount Paid _____ Amount Due _____

CAMP REGISTRATION INFORMATION FOR PARENTS

SCHEDULE FOR CAMP

- Arrive at Lakeview Church on Monday, July 9 @ 7:00am
- Pickup is at Lakeview Church on Friday, July 13 @ 3:00pm
(We will provide a snack on the way home – cost included in registration.)

Campers who must leave early, except for emergencies, must make prior arrangements upon registering at camp.

REGISTRATION – Send \$50 Registration Deposit, per camper (non-refundable), or entire amount of tuition (including T-shirt money) to:

**CAMP 2018 – Lakeview Church
47 Beachway Drive, Indianapolis, IN 46224**

HEALTH & SAFETY – A trained First Aid Administrator & Lifeguards are provided for the safety of the campers. We provide secondary accidental (not illness) insurance, which covers each camper if not covered by other insurance. Emergency hospital facilities are immediately available. All non-prescription and prescription drugs must be in their **labeled original containers** and turned in at registration at Lakeview Church. Medications such as Tylenol, ibuprofen, Benadryl, and anti-itch creams do not need to be sent with the camper.

CAMP RULES – There are camp rules firmly established to protect both the camper and the camp property. Upon registering for the camp, you are agreeing to abide by each rule. In the event a camper does not obey the rules, it is the option of the director to send the camper home (without a refund). If a camper is involved in the damaging of property, the parent/guardian is financially responsible for the damage.

APPAREL –FOR BOTH GUYS AND GIRLS. Modesty please! Shorts, skirts and shirts over leggings must be of modest length (at least to fingertips is a good guide). NO TANK TOPS, halter tops, soffe shorts or excessively tight (no uncovered leggings) or otherwise inappropriate clothing will be permitted. Tops should cover shoulders, back, and chest for both daytime and evening. Clean casual clothes should be worn for the services. **Swimming Apparel:** A cover up worn over swimsuit is required when walking to and from the swimming area. Parental assistance in planning is requested. **Dress code will be strictly enforced.**

CAMP T-SHIRTS – Camp T-shirts with current camp theme, are also available for pre-purchase at \$12 each. Size must be indicated on the registration form. Shirts will be available for pick-up at registration. Additional shirts can be purchased at camp for \$15 each, subject to availability of size and quantity.

CAMP DVD – Activities of each week of camp are recorded through photographs and videos and will be available for purchase at camp. Cost is \$15 per DVD. By registering for camp, permission is granted to Indiana District Council of the Assemblies of God to use photographs (individual or group) and videos for promotions and publications.

HEAD LICE CHECK - A check for head lice will be performed at registration. Our “zero tolerance” policy for all camps means: children with any signs of nits or lice will not be allowed to register and will be sent home. **Please take care of this before coming to camp.** Refunds will NOT be issued.

WHAT TO BRING

- Bible, pen, notebook
- Twin-Sized Bedding, pillow, towels, washcloths
- Casual clothes, recreation clothes, gym shoes, sandals, light jacket, umbrella or rain gear, swimsuit, beach cover-up
- Toiletries and personal products
- Money for offerings
- Spending money for camp DVD, t-shirts, concession stand (\$5 per day is about average) and camp store items. (A camp bank and camp currency will be provided during kids camp to safeguard camper’s money.)

WHAT NOT TO BRING

These items will be removed from the camper’s possession:

- Electronic devices (games, etc.)
- Comic books, magazines, novels, etc.
- Matches, fireworks, cigarettes, alcoholic beverages, weapons, or any illegal substance or item.
- Please do not bring valuables.
Cell Phones are discouraged and will not be allowed during camp activities/services. We are not responsible for lost or stolen items.

VISITING AND PHONE – It is recommended that parents refrain from visiting with, calling, or coming to the camp before the time of dismissal. The above practices usually promote homesickness, disrupt the schedule and cause other complications. **Mail is encouraged.** Please consider mailing ahead of time so the camper will receive your mail during the week they attend camp. You may also drop off your mail at Registration on Monday.

Please address mail as follows: **Lake Placid Camp K2**

Attn: Camper’s Name

0397 S 200 E.

Hartford City IN 47348

Except for emergencies, campers will not have access to telephones for the duration of their stay. For us to provide adequate security it is imperative that all visitors immediately check in with the camp program director for clearance. In case of **emergency** or serious inquiries, the camps can be accessed at the following number: Camp Office (765) 348-4342.