



Laurel Lake Summer Camp 2012 Camper Application

Camper's Name: _____	Gender: _____	Date of Birth: _____	Age: _____
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	E-mail: _____	
Would you be interested in getting baptized? _____		What is the name of your Church?: _____	
How did you hear about LLC? _____		What is the name of your School?: _____	

Parent Information:

Mother: _____	Father: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone Number: _____	Phone Number: _____
Work Number: _____	Work Number: _____
Cell Number: _____	Cell Number: _____
E-mail: _____	E-mail: _____

Emergency Contact Information:

Name: _____	Relationship to camper: _____
Phone numbers: _____	
Name: _____	Relationship to camper: _____
Phone numbers: _____	

Please make your choices 1-8 in order of preferences (1 being favorite, 8 being least favorite):

Archery _____ Arts & Crafts _____ Canoeing _____ Ceramics _____ Digital Photography _____ Drawing _____
 Go-Karts _____ Guitar _____ *Horseback Riding _____ Jet Skiing _____ Model Rocketry _____ Mountain Biking _____
 Nature _____ Pinewood Car Building _____ **Sports Activities _____ Wilderness Survival _____

*Additional \$15 fee for this course. **Includes Basketball, Gymnastics, Swimming, and Volleyball

CAMP COSTS:

Tween Camp - Age (11) 12-14 (June 17-June 24)	\$250.00	\$ _____
Teen Camp - Age 14-17 (June 24-July 1)	\$255.00	\$ _____
*Helping Hands Family Camp (July 1-July 3)		
Family Camp (July 3-July 8)		
Junior Camp - Age (9) 10-12 (July 8-July 15)	\$250.00	\$ _____
Adventure Camp - Age (7) 8-9 (July 15-July 20)	\$235.00	\$ _____
Day Camper Rate - Age appropriate week (Any Week)	Subtract \$ 75.00	\$ _____

TRANSPORTATION:

One-way bus transportation from BMA to LLC	\$30.00	\$ _____
One-way bus transportation from LLC to BMA	\$30.00	\$ _____
Round trip bus transportation to/from LLC and BMA	\$50.00	\$ _____

ACTIVITY FEE:

Horseback Riding	\$15.00	\$ _____
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EXTRAS:

Camp Store		\$ _____
Souvenir DVD	\$10.00	\$ _____

PROCESSING FEE

Processing fee for paper applications	\$5.00	\$ _____
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SUBTOTAL \$ _____

DISCOUNTS AVAILABLE:

Second Week -- Campers staying more than one week	-\$25.00	\$ _____
Bring a Friend -- Returning campers who bring a friend who has never registered at LLC before will receive a \$50 discount.	-\$50.00	\$ _____
Multiple family member discount per child	-\$15.00	\$ _____
Register before April 15 and receive a discount	-\$15.00	\$ _____
Register Online and receive a discount	-\$5.00	\$ _____

SUBTOTAL \$ _____

MINUS DISCOUNTS \$ _____

AMOUNT ENCLOSED (\$50.00 minimum down payment) \$ _____

*Helping Hands Family Camp is a program for families with child that have special needs.

Please send to:
Laurel Lake Summer Camp
720 Museum Rd.
Reading, PA 19611

Any questions? 610-374-8331 Ext. 248
After hours - 484-688-1531

For more detailed information or to register, please go to: www.laurellakesummercamp.org

Office Use Only:

Camper Name: _____

Camp Fee: \$ _____

Transportation Fee: \$ _____

Activity Fee: \$ _____

Camp Store: \$ _____

DVD Fee: \$ _____

Discounts Applied: \$ _____

Payment Received: \$ _____

Payments Due: \$ _____

Camper's Health Form

Camper's Name: _____	Week Attending: _____
Physician's Name: _____	Physician's Phone: _____
Is camper covered by Medical Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Health Insurance Company: _____	Policy Number: _____
Name of Insured: _____	Relation: _____
*Please include a current copy of the Camper's Insurance Card.	

Restrictions

Please list any dietary, activity, or other restrictions for this camper:

Medication

Is this person routinely taking medication including over-the-counter medicines, vitamins, or alternative medication? Yes No

Please list:

Allergies

Please check any of the following things the camper is allergic to:

Animals Food Insects Medications Plants Other

If Other please list:

History

Please check any of the following things the camper has a history of:

Asthma Bed Wetting Diabetes Fainting Heart Trouble Kidney Trouble
 Stomach Upset Other

Please explain any checked items:

Miscellaneous

Does the camper wear an appliance for vision, hearing, dental correction or have a prosthesis? Yes No

If yes, please explain:

Has the camper been exposed to any communicable diseases within the past 30 days? Yes No

If yes, please explain:

List any additional information about the attendee's behavior and physical, emotional, or mental health that staff should be aware of:

Immunizations

Is the camper exempt from immunizations due to religious or medical reasons? Yes No

If yes due to medical reasons, a doctor's note will be required at check-in explaining the exemption.

If yes for religious reasons, a note from a parent will be required at check-in explaining the exemption.

Please complete the needed immunization information:

	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DTP						
TD (Tetanus/Diphtheria)						
Tetanus						
Polio						
MMR						
Or Measles						
Or Mumps						
Or Rubella						
Haemophilus Influenza B						
Hepatitis B						
Varicella (Chicken Pox)						

It is the policy of Laurel Lake Camp that we only release Campers to people that you approve of. Please list those individuals that you grant permission to pick up your child:

We will only release a Camper to another party with written approval from you.

In case of emergency, I hereby give permission to the camp directors to seek emergency medical treatment for my child. This may include hospitalization, x-rays, anesthesia or surgery for my child. I also give permission to the camp nurse/caregiver to administer over the counter drugs to my child as necessary. The health history stated is correct so far as I know.

As parent or legal guardian of the applicant, I am in favor of him/her attending Laurel Lake Camp, participating in all activities unless otherwise specified and accept the conditions named. I hereby release the Pennsylvania Conference Association of Seventh-day Adventists and Laurel Lake Camp and its employees from liability in case of accident or illness. I support the policies of Laurel Lake Camp and the camper agrees to abide by those policies. I also give permission to Laurel Lake Camp to use slides, photographs or video taken of the applicant during this camping season for the purpose of advertisement or as otherwise needed. This application will not be processed without agreeing to these terms. As the applicant, I agree to abide by all camp regulations and policies and to uphold its objectives.

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____