



REGISTRATION FORM: Lake Adventure Camps 2017

Please complete every field.

Camp Info

Name of Camp: _____ Date: _____

Tuition: _____ (reduced for LCMM Members)

Early Drop Off? Add \$40 Late Pick Up? Add \$40

Total Fees: _____

Payment

I'll pay by

Enclosed Check

Credit Card *(We accept Visa or MC)*

Camper

Name of Camper: _____

Date of Birth: _____ Gender: _____

Primary Parent/Guardian

Full Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

How did you hear about LCMM's Summer Camps? _____

Medical Form

List the participant's allergies, if any: _____

Does the participant have any medical conditions that would prohibit him/her from participating in potentially strenuous physical activities? If yes, please describe condition:

Is the participant taking any medications? If yes, please list:

Does the participant have any special needs or learning disabilities that we should know about? This does not necessarily prevent participation. Please describe:

Please list contact information for second parent or other approved individuals allowed to pick up your child:

Consent to Administer Non-Emergency First Aid: I understand and acknowledge that occasionally a non-emergency may develop which necessitates the administration of non-emergency First Aid to my child. Therefore, in the event of non-emergency injury or illness which necessitates the administration of non-emergency First Aid, I hereby authorize LCMM and its staff to administer any necessary non-emergency First Aid. Non-emergency First Aid treatment may include, but is not limited to: cleaning, applying anti-biotic ointment to, and bandaging cuts or abrasions; removal of ticks and splinters; and applying an ice-pack to bites, stings, or an injury. The following substances may be used in the administration of non-emergency First Aid: water, ice pack, ACE bandage, antibacterial soap, alcohol swabs, anti-biotic ointment, and Band-Aids. No other medication will be administered unless authorized and directed by the child's parent/guardian.

I understand that if I do not consent to the administration of non-emergency First Aid or to the administration of any of the substances listed above, I will give written notification to LCMM no later than seven business days before the camp session begins.

Consent to Administer Emergency First Aid: In the unlikely event of a life- or limb-threatening emergency, I give consent to LCMM and its staff to administer emergency First Aid as a first response until more advanced medical care is available. I understand that LCMM and its staff will use their best judgment, act in good faith, and will treat with the intention of not causing further harm.

Consent to Arrange Emergency Treatment: I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization, or surgery to my child. Therefore, in event of injury or illness to my child which necessitates emergency medical or dental care, I hereby authorize LCMM and its staff to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. I also understand that a parent/guardian will be contacted at the earliest possible moment in the event of an emergency relating to my child.

Medical, Dental, Health, and Insurance Responsibilities: I understand and acknowledge that LCMM cannot assume responsibility for determining the medical, dental, or health condition of my child. Therefore, I have consulted with a medical doctor and/or dentist, as I have deemed necessary, with regards to my child's individual medical or dental issues or needs, and find my child physically and mentally fit to participate in the LCMM Lake Adventure Camp. If my child is required to receive medical, dental, or hospital services during camp, I am aware that LCMM cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure LCMM that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during the LCMM Lake Adventures Camp.

I hereby agree to above terms and conditions:

Printed Name: _____ **Date:** _____