



Summer Camp Registration 2017

3054 Lindale-Mt. Holly Rd. * Amelia, OH 45102 * (513) 797-5268

Youth Information

Name: _____ Home Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade in Fall: _____

Camper Resides With: _____ Baptized: No Yes

T-Shirt Size (Circle One) Youth Sizes **YS** (6-8) **YM** (8-10) **YL** (10-12) Adult Sizes **AS** **AM** **AL** **AXL** **XXL**

Parental/Guardian Information

Mother's/Female's Name: _____ Father's/Male's Name: _____

Relationship to Camper: _____ Relationship to Camper: _____

Primary Phone: _____ Primary Phone: _____

Work/Other Phone: _____ Work/Other Phone: _____

Parent/Guardian Primary Email: _____

Additional Emergency Contact Information ****Must be completed****

Needs to be someone other than parent/guardian who is available to take camper in case of sudden illness or injury.

Name: _____ Relationship to Camper: _____

Home Phone: _____ Alt. Phone: _____

Medical Information

List Current Prescription Medications: _____

List any Surgeries within the Last Year: _____

Date of Last Tetanus Booster: _____

Is camper currently under Physician's Care? No Yes If Yes, please explain: _____

Is the camper recovering from any injuries? No Yes If Yes, please explain: _____

Asthma? No Yes ADD/ADHD? No Yes Active Infections? No Yes Epilepsy or Seizures? No Yes

Hepatitis? No Yes Diabetes? No Yes Heart Disease? No Yes Blood Clotting Disorder? No Yes

List Medication Allergies: _____

List Other Allergies that are NOT Food or Medication Allergies: _____

Please Explain Any of the Above Medical Conditions: _____

Explain any other physical, emotional, or mental concerns: _____

Food Allergies

Eggs? No Yes If yes, please describe: _____

Fish? No Yes If yes, please describe: _____

Milk (dairy)? No Yes If yes, please describe: _____

Peanuts? No Yes If yes, please describe: _____

Tree Nuts? No Yes If yes, please describe: _____

Shellfish? No Yes If yes, please describe: _____

Soy? No Yes If yes, please describe: _____

Gluten? No Yes If yes, please describe: _____

List Other Food Allergies that we need to be aware of: _____

Medical Permissions

Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headaches, fever, or minor pain? No Yes

Dispense Diphenhydramine HCL (Benadryl) to camper for allergic reactions? No Yes

Dispense Antacid (Tums or Kaopectate) for upset stomach? No Yes

Dispense Hydro-cortisone Cream or other antibiotic ointment for minor injuries? No Yes

Dispense Prescription or other over-the-counter medication designated by and provided by the parent/guardian or family physician? No Yes

I understand that, in the event of an emergency, Woodland Lakes will make every effort to contact those people listed on this form. In the event that Woodland Lakes is unable to contact myself, or the designated emergency contact, I give my permission to the physician selected by the management to secure treatment for my child as named on this form. Woodland Lakes does not call parents for issues that are cared for by its medical staff such as: headaches, stomach aches, skinned knees, and minor and expected issues. No, I do not agree Yes, I agree

Physician's Name: _____ Physician's Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Code of Ethics

I agree to abide by the rules listed in the camp information regarding dress code and what to bring to camp. Campers who fail to abide by camp rules and schedules will be dismissed (exception illness or injury). Unacceptable behavior will not be tolerated. Campers are expected to treat others in a Christian manner and respect the authority of WLCC staff, the Camp Dean and Faculty. Failure to do so will mean dismissal. Campers who destroy camp or camper property will be responsible for the cost of repair or replacement. Campers caught stealing or pilfering through other's belongings will be sent home. WLCC has zero tolerance for anyone possessing weapons, alcoholic beverages, tobacco or who ingest or inhale any substance that is harmful and intended to induce a "high". These actions will result in dismissal.

I have read and fully understand the guidelines listed above. If campers fail to abide by the guidelines stated, disciplinary action will occur as deemed appropriate by the Dean and Camp Director. No Yes

Registration and Payment

Camp Week: _____ Date ____/____/____

Scholarship Code: _____ Church Rep Name: _____ Camp Rep Signature: _____

Method of Payment: Pay in Full by Check Check #: _____ Amount: \$ _____

Pay in Full by Credit Card Amount: \$ _____

Two Payments by Credit Card, 50% Now (Amount: \$ _____), 50% Automatically Collected on Friday a week before Event (Amount: \$ _____)

Name On Credit Card: _____ Type: MasterCard Visa American Express

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Credit Card: _____ - _____ - _____ - _____ Security Code (3 Digit # on Back): _____ Exp. Date: ____/____