



Summer Camp Registration 2019

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

Camper Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Age: _____ Gender: _____ Grade in Fall: _____
 Camper Resides With: _____ Home Church: _____ 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**

Code of Ethics

My child agrees 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 my child fails to abide by the guidelines stated, disciplinary action will occur as deemed appropriate by the Dean and Camp Director. No Yes

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: _____

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 Information

List Current Prescription Medications: _____
 List any Surgeries within the Last Year: _____
 Date of Last Tetanus Booster: _____
 Are you currently under Physician's Care? No Yes If Yes, please explain: _____
 Are you recovering from any injuries? No Yes If Yes, please explain: _____

Medical Information (Continued)

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: _____

Medical Permissions

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

Dispense Diphenhydramine HCL (Benadryl) to the 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 Christian Camp (WLCC) will make every effort to contact myself and the designated emergency contact listed in this registration. I understand that in the event of an emergency, Woodland Lakes Christian Camp (WLCC) will make every effort to contact myself and the designated emergency contact listed in this registration. In the event that WLCC personnel are unable to contact any of the aforementioned people, I give permission to the physician selected by camp management to secure treatment for my child as named in this registration. 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.

I agree that any medical information pertinent to my child's care may be shared with health professionals dealing with my child's care.

CLERMONT CHRISTIAN ASSEMBLY INC dba WOODLAND LAKES CHRISTIAN CAMP AND RETREAT CENTER insurance does not provide camper medical coverage.

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

Medical Insurance Company: _____ Policy Number: _____

Permissions

I understand that completion of the registration with my signature grants my child participation in the WLCC programs. I give permission for my child to participate in all planned activities. Depending on age, activities may include, but not limited to swimming, canoeing, paddle boating, kayaking, indoor climbing wall, climbing tower, ziplines, ropes courses, giant swing, rappelling, and archery during this camp event. I release WLCC staff, faculty, officers and management from any liability.

WLCC shall not be held responsible for any articles lost, stolen or left at camp.

WLCC has my permission to use any video or photos taken of my child while attending or participating in a camp program to promote WLCC.

I certify that I am an adult of 18 years or older, and that I am the parent or legal guardian of the child named in this registration, and that I agree with all terms stated above and will be bound by signing this registration.

Registration and Payment

Camp Week: _____ Date ____/____/____

Scholarship Code: _____ Church Rep Name: _____ Church 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 : ____/____/____

Signature _____ Date ____/____/____