



# CAMPER REGISTRATION FORM

Group Name		Camp Week Attending	
Camper's Name		<input type="checkbox"/> Male	DOB ____/____/____ Age: _____
		<input type="checkbox"/> Female	7 or 8 yr old check here <input type="checkbox"/>
Address			
City/State/Zip		Email	
Home Phone (            )		Emergency/ Alternate Phone (            )	
Parents' Names (campers under 18)			

Have you been to summer camp at Lake Forest Ranch before?	Yes No		
Do you plan to purchase an 8X10 camp picture & photo CD for \$6	Yes No		
Circle T-Shirt Size:			
YS	YM	YL	AS
AM	AL	AXL	AXXL
Circle for info on other LFR events:			
Father/ Son Fishing Retreat			
Labor Day Weekend Family Retreat			
Valentine's Day Wkend Couple's Retreat			
Ladies Retreat			

## Health Information

List any known health problems	
List Activity Restrictions	
Allergies/ Allergic Reactions (Drugs and Food)	Allergic Reactions (Other)
Regular Medication	Approximate date of last Tetanus shot _____
Any other helpful information	

Family's Accident/ Health Insurance Carrier
Policy Number
Address of Insurance Carrier

## PARENTAL CONSENT (Please read and sign)

"I hereby give permission for the above named camper to participate in all camp activities (including paintball for youth camps) at Lake Forest Ranch (hereafter LFR), and for LFR to authorize any hospital/ medical treatment deemed necessary by a qualified health care provider for my child. I understand that if such medical treatment becomes necessary, our family health insurance will be provided to the health care provider for payment. I also understand as parent/guardian I am responsible to pay all costs not covered by my insurance. I furthermore authorize LFR personnel, in their discretion, to use, distribute, and publish any, and all photographs, video tape recordings, and/or sound recordings from camp of my child on behalf of Lake Forest Ranch, Inc."

Custodial Parent or Guardian's Signature	Date
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Please complete and return TO YOUR CHURCH GROUP LEADER by the due date.