



CAMPER REGISTRATION FORM

Group Name	Camp Week Attending
Camper's Name	<input type="checkbox"/> Male Birthdate <input type="checkbox"/> Female
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	

Health Information

List any known health problems	
List Activity Restrictions	
Allergies/ Allergic Reactions (including drugs)	
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 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 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.