



CAMPER REGISTRATION FORM

Lamoka Baptist Camp
3646 E Lamoka Lake Rd. Tyrone NY 14887
(607) 463-0324
Version 2020B

CAMPER INFORMATION

Camper Name:

Gender: Male Female

Age:

Address:

Parent/Guarding Name:

Parent/Guardian Phone:

Emergency Contact (name and phone):

Which camp is this camper attending: Junior I Teen I Junior II Adventure Camp
 Fine Arts Camp Art Camp Culinary Camp Writing Camp Teen II
 Spiritual Emphasis Camp

MEDICAL INFORMATION

Has/does this camper have any of the following: Concussion or a history of concussions
 Life threatening condition Disability An ailment that is currently contagious
 A reason to see the nurse upon arrival

If you marked any of the options above, please explain:

Insurance Carrier:

Insurance Policy Number:

Does this camper have any allergies: Yes No ***If Yes, please list allergies:**

Does this camper take medications: Yes No

***If yes, please include doctors orders for each medication as well as the time and day(s) that each medication needs to be taken:**

Immunization Options: I am including my child's immunization records with this form
 I will bring the immunization records with me or I will upload them before I arrive.

If you have a housing request, please contact us after you submit this registration form. Not all requests can be filled.

SIGNATURE AND PERMISSIONS

In case of an emergency, I understand that every effort will be made to contact the parent or guardian while providing care for my child. I understand that emergency care will not be delayed while trying to reach the parent or guardian. In the event that I cannot be reached I give permission to the physician selected by the Camp Administrator or Camp Nurse to secure treatment for, hospitalize, order injection, anesthesia or surgery for the above-named child. The health history and all the other information given above is correct to the best of my knowledge. The camper named has my permission to engage in all camp activities, unless otherwise noted to Nurse or Administrator, including but not limited to, group games, climbing wall, swimming, archery, knife skills, baking, etc. This camper has my permission to ride the zip line(s) and I have read and understand the information on the [Zip Line Course Rules, Risks, and Waiver Form](http://lamoka.com/wp-content/uploads/2016/02/Liability-Rules-Waiver.pdf). If I am signing this camper up for the Adventure Camp, I give my permission for the camp to take him/her on formal planned trips off campus for hiking and/or boating. I certify that my camper can attend camp and any pictures of them may be used for future promotion of the camp. I also give my permission for my child to use insect repellent and/or sunscreen as needed and as provided by the camp nurse. By checking the box below, I hereby agree that this camper will be expected to abide by the policies, procedures, rules, standards of conduct, and religious values of the Independent Baptist Camping Association. Failure to do so, may result in dismissal from the campus. If a camper is dismissed, I, the parent or guardian, will be responsible to pick up the child from the camp or see that they are picked up from camp. Any further expense incurred by the camper as a result of dismissal will be fully my responsibility, including any necessary transportation expenses. We have a NEW Morality Statement, you can read it here: <http://lamoka.com/wp-content/uploads/2016/01/Morality-Statement-2.pdf>

Printed Name:

Signature:

Date:

Are you registering before May 1st? Yes

No

*If yes, what is this child's shirt size (men's sizes):

PAYMENT OPTIONS (please include the below payment via check or by including CC info below)

\$50 registration fee

\$299 Full amount

Credit Card Number:

Credit Card EX Date:

Credit Card Security Digits:

Billing Zipcode:

Cardholders Name:

Coupon Code (optional):