

Camp Pine Lake Registration and Medical Form Please Complete Both Sides

Camp Attending (*Circle One*): Day Camp, Primary Overnight, Middler, Junior Youth, Senior Youth, All Ages, Man River
First Time Camper? (*Circle One*): YES NO

Camper Name: _____ **Sex:** _____ **Grade Completed:** _____

Address: _____

E-mail address: _____

Phone: (____) _____ **Home Church:** _____

If attending Primary Overnight, Adult Camper Name: _____

Parent/Guardian: _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____

Other Emergency Contact:

Name _____ **Relationship to Camper** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____

Cabin Mate Choice: _____ (one person only)

Your cabin mate choice will be honored (if at all possible) ONLY if you both request each other.

MEDICAL INFORMATION AND AUTHORIZATION:

General health of camper (*Circle One*): Good Fair Poor

Date of last tetanus shot: Month _____ Year _____

Allergies:

My camper is allergic to: _____

Other:

Please list other important medical information here.

Emergency Information:

Family Physician: _____ **Phone:** (____) _____

Family Dentist/Orthodontist: _____ **Phone:** (____) _____

Insurance Company* _____ **Policy #:** _____

***Camp Pine Lake's insurance is excess medical coverage. The camper's parent's/guardian's insurance will be used first, and then the camp's insurance, to the limits of the camp's policy. Sickness is not covered by the camp's insurance. Parents/guardians will be contacted in case of a camper's injury/illness.**

Emergency Authorization:

I hereby give permission to the medical personnel selected by the camp director/manager to order x-ray, routine tests, and treatment for _____ (camper's name).

In the event that I cannot be reached in an emergency, I give permission to the medical personnel selected by the camp director/manager to hospitalize and/or secure proper treatment for the same person named above.

Signature of Parent/Guardian: _____

Camp Pine Lake must have a parental/guardian signature for all campers under 18 years of age.

Medication Authorization:

I give my permission for authorized camp staff to administer prescribed medications (see attached form) and other first-aid medications that my child may need.

Signature of Parent/Guardian: _____

Camp Pine Lake must have a parental/guardian signature for all campers under 18 years of age.

PLEASE COMPLETE BOTH SIDES.

ADDITIONAL INFORMATION:

Camp Pine Lake is for everyone!

If your child has special needs of any kind it is essential that you contact the Program Director as soon as possible. Working with you, we can help ensure that your child has a positive camping experience. (515)240-0060

___ I **will** be contacting the Program Director

___ I **will not** be contacting the Program Director

RULES FOR LIVING AT CAMP

Camp Pine Lake offers a unique opportunity for campers to be in an alternative environment and enjoy the beauty of nature and the basics of human relationship. In order to protect that environment and make for a great camping experience, it is important that all campers cooperate by abiding by these rules:

Respect and treat well other people and their possessions.

Respect and treat well all wildlife, plants and animals.

Respect and treat well the camp facilities.

Do participate in the camp's activities.

Do take the opportunity to develop friendships with your fellow campers and a closer relationship with God.

Do not bring any of the following items with you to camp: bikinis or Speedos, electronic devices of any kind including cell phones, cd/mp3 players, Gameboy, Nintendo DS etc., food, including pop, candy and gum, alcohol or other drugs, firearms or other weapons, and any other items that will not enrich the camp community.

Disrespectful language or behavior will not be tolerated at camp. Those violating the "Rules for living at CPL" place themselves at risk of being sent home with no refund.

I agree to abide by the "Rules for living at Camp Pine Lake".

Camper's Signature: _____

ADDITIONAL AUTHORIZATION:

- I have read and discussed these guidelines with my camper.
- I give permission for my child to make special trips and excursions under camp leadership.
- I give permission for photos and/or video of my child to be used in future promotional materials.

Signature of Parent/Guardian: _____

Camp Pine Lake must have a parental/guardian signature for all campers under 18 years of age.

Registration Deadline: May 1

Register your child by mailing this completed form along with a non-refundable \$25 deposit to Camp Pine Lake. **Note: Early Registration Helps Us Secure Adequate Staff and Supplies For Your Child's Camp. Thank You.**

Camp Scholarships are available. Check the box if you wish to be contacted regarding scholarships.

Mail registration and \$25 Pre-Registration to:

Camp Pine Lake
23008 "W" Ave
Eldora, IA 50627

This form is also available at www.camppinelake.com

Registration and Medical form: Updated January 2011