

Laurel Lake Camp
 Summer 2020
 Camper Application

Weeks: _____ Adventurer Camp June 21 – June 28 Age: 7-9
 _____ Junior Camp June 29 – July 5 Age: 10-12
 _____ Tween Camp July 5 – July 12 Age: 12-14
 _____ Teen Camp July 13 – July 19 Age: 14-17

Circle one: Regular Camp (stay in cabin) or Day Camp (stay at home)

Class Selection: Please rank the following class choices from 1 – 8 (1 is the best choice, 8 least favorite)

Archery _____	Arts & Crafts _____
Canoeing _____	Ceramics _____
Mtn. Biking * _____	Guitar _____
Horses \$\$ _____	Digital/Video Photography _____
Go-Karts _____	Lake Activities + _____
Nature _____	Sports Activities _____
Swimming _____	Model Rockets/Pinewood Derby _____
Wilderness Survival _____	RC Cars * _____

\$\$ Additional \$25 fee for this course *Only offered Junior, Tween, Teen
 + Includes water totter, iceberg, blob, and aqua jump.

Transportation Fee: [Circle your selection] \$50 – Roundtrip \$30 – One-Way
 Blue Mountain Academy – TO FROM ROUNDTRIP
 Harrisburg Church – TO FROM ROUNDTRIP

Discounts Available:

- Family: Immediate family members get \$15 off each
- Second Week: Spend a 2nd week and save \$25.
- Early Bird: Register by April 15th for \$15.

Financial:

_____ Camp Fee (All camps \$330/week-Day Camp \$280/week)
 _____ Activity Fee (\$25 Horses)
 _____ Camp Store (\$15-25 – suggested)
 _____ Transportation Fee (\$50 – Roundtrip, \$30 – One-way)
 _____ Total Charges
 _____ Total Discounts
 _____ **Total Due**

Camper's Name: _____ Gender: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Father's Name: _____ Mother's Name: _____
 Secondary Contact: _____ Phone Number: _____
 Would you be interested in getting baptized? _____ What is the name of your church? _____
 How did you hear about LLC? _____ What is the name of your school? _____

*\$50 Non-Refundable Deposit due at the time of registration in order to process your application.
 Make checks payable to: PA Conference of Seventh-day Adventists

Mail to: Laurel Lake Camp, 76 Lodge Rd., Rossiter, PA 15772

Camper's Name _____ Session Attending: _____

Health Record

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

Health Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Relation: _____

****Please include a current copy of the camper's insurance card.**

Immunizations: List the most current booster.

Tetanus: _____ Hepatitis B: _____ MMR: _____ Polio: _____

Restrictions: Are there any dietary, activity or other restriction that apply to this person?

Medication: Does this camper routinely takes medication? _____

If so, list medicines and dosages: _____

***Be sure to bring all medicines with the camper to camp.**

Is the person allergic to the following: Drugs Animals Plants Foods Insects
 Other

Please explain any marked items: _____

Health History: Has the person ever suffered from - Asthma Convulsions Fainting

Bedwetting Diabetes Heart Trouble Stomach Upset Other

Please explain any marked items: _____

It is the policy of Laurel Lake Camp that we only release campers to people that you approve of. Please list those individuals that you grant permission to pick-up your child:

We will only release a camper with written approval from you.

In case of emergency, I hereby give permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, x-ray, anesthesia or surgery for my child. I also give permission to the camp nurse/caregiver to administer over the counter drugs to my child as necessary. The health history stated is correct so far as I know. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photo copied for use out of camp.) As parent or legal guardian of the applicant, I am in favor of him/her attending Laurel Lake Camp, participating in all activities unless otherwise specified and accept the conditions named. I hereby release the Pennsylvania Conference Association and Laurel Lake Camp and its employees from liability in case of accident or illness. I support the policies of Laurel Lake Camp and the camper agrees to abide by these policies. I also give permission to Laurel Lake Camp to use slides, photographs or video taken of the applicant during this camping season for the purpose of advertisement or as otherwise needed. This application will not be processed without the agreement to these terms. As the applicant, I agree to abide by all camp regulations and policies and to uphold its objectives.

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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