



# Camp Loucon

2018 Camper Registration Form

A minimum \$60 deposit must accompany all registrations. Save time by registering online at [www.Loucon.org](http://www.Loucon.org).

Family Information					
Camper Full Name			Camper Address		
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone		Home Phone		Zip	
Work Phone		Work Phone		Parent 2 Address (if different)	
Cell Phone		Cell Phone		Street	
E-mail		E-mail		City	
Emergency Contact Information (In addition to the parents)				State	
Emergency Contact 1		Emergency Contact 2		Zip	
Full Name		Full Name		Parental Status (Circle One)	
Relationship		Relationship		Married    Divorced    Single	
Home Phone		Home Phone			
Work Phone		Work Phone			
Cell Phone		Cell Phone			
Church Information					
Church Name		Minister's Name			
Church Address		District (if U.M.)			
City, State, Zip					
<p><b>Please Note:</b> If the church is paying for all or part of the camper's fee you, please have a church official fill out the information below OR write in the church authorization code from your church. This section must be completed including a church representative signature or authorization code. If left incomplete the parent/guardian will be responsible for full payment. Any unauthorized users will be billed.</p>					
Church Payment Authorization					
Amount OR Percentage Church is Paying					
Signature of Minister or Church Officer					
Camper Information					
Last Name		First Name			
Likes to be called		Date of Birth			
Gender (Circle One)		Male    Female		Grade entering this fall	
School		Camper E-mail			
Shirt Size (circle one)	Child: M    L	Adult: S    M    L    XL    XXL XXXL	Health Insurance Carrier		
Health Insurance Policy #			Primary Insured Name		
Camp Session Registration Section					
First Choice Camp Session			Second Choice Camp Session		
Specific Camp Dates			Specific Camp Dates		
Title of Camp Session			Title of Camp		
Additional Camp Track			Additional Camp Track		
Cabin Mate Request					
1 <sup>st</sup> Choice			2 <sup>nd</sup> Choice		

**Reservations will be confirmed only upon receipt of registration form and payment.**

Camper Full Name:

**Camper Health History / Medical Release Form**

Camper's Doctor

Doctor's Phone

1. Is camper on any medications? No \_\_\_\_ Yes \_\_\_\_ . If yes, please list medicines and their purpose: \_\_\_\_\_

2. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

3. Does the camper have any behavior concerns we should know about?

4. Give a record of past medical treatment:

5. List a record of the camper's immunizations, including date of last tetanus shot:

6. Please circle allergies camper has: None Bee Sting Penicillin Sulfa Drug Other (Please List:)

7. Provide a record of any dietary restrictions or needs the camper may possess:

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

**Note: All medications brought to camp are handled by the Camp Health Care Provider.**

Is the camper generally in good health and able to participate in all normal camp activities? Yes \_\_\_\_ No \_\_\_\_

Most Recent Physical Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

For Girls Only: Has female camper menstruated? Yes \_\_ No \_\_, If Not has she been told about menstruation? Yes \_\_ No \_\_

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for other campers?

**If there are changes or additions to the information listed above please inform our health care provider upon your arrival.**

I give consent for the person/persons listed below to be the only person/persons to transport my child from Loucon. The camp staff should **NOT** allow my child to leave the premises with anyone other than those named below.

**Who CAN Pick up your child?**

Parent/Guardian #1

Parent/Guardian #2

Other designated Person

Other Designated Person

**List anyone who is NOT allowed to pick up your child**

Person # 1

Person # 2

Camper Full Name: \_\_\_\_\_

In signing this application I hereby certify that all information provided to Loucon is correct and I give permission and consent for my child to participate in any and all camp activities. I certify that my child is in good physical condition for all camp activities. I give permission for the use of photographs and video including my child in camp publicity and on the website, and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I understand that the nature of outdoor camping ministries includes some risk of injury or death. I realize that children at camp can become ill and need medical attention. I hereby give permission to the camp Health Care Provider to give over the counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of camp personnel. I hereby release Aldersgate, Loucon, & the Kentucky Annual Conference of the UMC from responsibility for injury to my child. I agree to submit my insurance claims to my insurance carrier first and will only use camp's insurance plan as a secondary insurance. In case of medical emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below. This completed form may be copied for transportation record.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

I understand the permission form, agree to it, and I will cooperate with the program and policies of Aldersgate, Loucon & the Kentucky Annual Conference of the UMC.

X \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature

Donations and camper fees				
Donation	\$ _____.____	<b>Mark the Pricing Tier You are choosing to pay:</b>		
Camp Registration Fee or Deposit	\$ _____.____	Tier 1 Thanks for the Help	Tier 2 True Cost	Tier 3 Pay it Forward
Total Fees	\$ _____.____	(A minimum \$60 deposit is required with all registrations)		
Credit Card Payment Information				
Amount to charge				
Cardholder's Name	_____	Credit Card Type	_____	
Expiration Date	____/____	Card Number	_____	
Address (if different)	_____	CVVS Number	_____	
City, State, Zip (if different)	_____	Authorization Signature	_____	
<b>For Office Use Only</b>	_____	Date	_____	
Camp Registered to Attend				
Method of Payment	_____	Church Amount Paid	_____	_____
Check / Credit Card #	_____	Church Owes	_____	_____
Deposit/Payment Date	_____	Parent Paid	_____	_____
Payment Amount	_____	Parent Owes	_____	_____
NOTES	_____	Other:	_____	_____
Buddy Assigned to Vacationer	_____			

**Mail To:** Camp Loucon  
8044 Anneta Road  
Leitchfield, KY 42754

**Contact:** Phone: 270-242-7160  
Fax: 270-242-7313  
E-mail: [Info@Loucon.org](mailto:Info@Loucon.org)

**Website:** [www.Loucon.org](http://www.Loucon.org)

