



Little Kanawha District  
SUMMER CAMP 2017

ELEMENTARY CAMP: 7/5-8/2017

Mark Grade:  2nd  3rd  4th  5th

Middle School/ High School: 7/9-14/2017

6th  7th  8th  9th  10th  11th  12th

NAME \_\_\_\_\_ DOB \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ GENDER  M  F  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_  
PRIMARY CONTACT # ( ) \_\_\_\_\_  home  cell  
SECONDARY CONTACT # ( ) \_\_\_\_\_  home  cell  
EMAIL ADDRESS \_\_\_\_\_  
CHURCH NAME \_\_\_\_\_ PASTOR NAME \_\_\_\_\_

Permission to photograph camper for pictures that may be used on web page and/ or social media. Please  one.

Yes, my camper can participate in photos.  No, my camper can't participate in photos.

Please check  if YES. Leave blank if NO.

- Can your child participate in archery?
- Can your child be transported to other locations for activities by staff or church vans?
- Can your child use manual or power driven power equipment with adult supervision?

As a camper I will follow the camp covenant, rules and guidelines posted at CROSSROADS CAMP. I understand I can be dismissed if I don't follow them.

CAMPER SIGNATURE \_\_\_\_\_

COST: Elementary \$55.00 Middle School/ High School \$90.00

CASH \_\_\_\_\_ or  CHECK \_\_\_\_\_ Scholarship Request \_\_\_\_\_

**CAMP COVENANT TO BE SIGNED BY ALL CAMPERS UPON ARRIVAL**



**Please pre register by June 15, 2017**

Mail to:

LKD YOUTH CAMP

C/O Lisa Withee

9869 Staunton Tpke, Walker, WV 26180

Contact Phone # 304-991-8184

## LKD YOUTH Summer Camp 2017 HEALTH FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PARENT/ GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MEDICAL INSURANCE PROVIDER \_\_\_\_\_ POLICY # \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHYSICIAN PHONE # \_\_\_\_\_

### HEALTH HISTORY

- Diabetes  
  Hypertension  
  ADD/ADHD  
  Asthma  
  Ear Infection  
  Epilepsy  
 Bleeding Disorder  
  Physical Limitation  
  Eating Restrictions  
  Autism  
 Recurring Illness  
  Special Needs  
  Heart Disease  
  Hay Fever  
  Other

**If you marked any of the above please give additional information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

ALL OTHER \_\_\_\_\_

MEDICATION	MORNING	MEAL TIME	BED TIME

### RELEASE OF LIABILITY

**I the Parent/ Guardian or legal age camper \_\_\_\_\_ understand that Crossroads UM Church Camp is not liable for accident/ injury or loss/ stolen property while you or your camper is participating at the camp. All medical/injury claims need to be filed to your medical insurance provider for processing.**

**PARENT or CAMPER (youth over 18) Signature \_\_\_\_\_**