



2024

CAMPER REGISTRATION

Parent or Guardian: Please print clearly and complete this entire form (All lines, both sides)

Camper's Name: _____

Sex (circle one): M F Age: _____ Date of Birth: _____ Shirt Size: Adult / Youth _____

Mailing Address: _____ Grade Completed (as of June 2024): _____

City: _____ State: _____ ZIP: _____ Primary Phone: (_____) _____

Parent/ Guardian's Full Name: _____

E-mailAddress: _____

Primary Phone: (_____) _____ Alternate / Work Phone: (_____) _____

Additional Contact Person: _____ Relation: _____

Primary Phone: (_____) _____ Alternate / Work Phone: (_____) _____

Additional Contact Person: _____ Relation: _____

Primary Phone: (_____) _____ Alternate / Work Phone: (_____) _____

Requests for specific cabin-mates (if any) 1: _____ 2: _____

Church and Pastor's Name: _____

2024 Camp Session(s) Requested

(Check all weeks that apply)

Please visit www.chinalakecamp.org for more details on each camp week

- _____ **Teen Camp**
Ages 13-18 June 23 - 28 \$350
- _____ **Choice Camp**
Music, Art, & Sports Camp
Ages 10 - 14 July 7 - 12 \$400
- _____ **Kids' Camp**
Ages 8-12 July 14 - 19 \$350
- _____ **Intro to Camp**
Ages 5-8 July 14 - 16 \$175
- _____ **Boys' Camp**
Ages 11-14 *boys only* July 7 - 12 \$400
***New Date 2024*
- _____ **Girls' Camp**
Ages 11-14 *girls only* August 4 - 9 \$400

Camp Cost Calculator

Base Cost of Camp \$ _____

Early Registration Discount

(Before April 1, save \$25) - \$ _____

*Multi-camper discount - \$ _____

Scholarship (Church, etc.) - \$ _____

Church China Lake Camp

Amount Enclosed with form

(min. \$50 non-refundable deposit) - \$ _____

BALANCE DUE UPON ARRIVAL \$ _____

Method of Payment:

Cash Amount: _____

Check Check #: _____

Make checks payable to China Lake Camp

Please Mail this form with check to:

China Lake Camp 255 Neck Road

China, ME 04358



CLC is pleased to offer a family-friendly, multi-camper discount. The first camper's cost is full price, each additional camper from your household or additional weeks of camp for the first camper is eligible for a \$15 discount off the cost of their week at camp. This is limited to children living within the same household.

ATTENTION RETURNING CAMPERS: Under the current state health requirements WE NOT ABLE TO RE-USE IMMUNIZATION RECORDS FROM YEAR TO YEAR. You will be asked to present a new copy of your child's immunization upon registering for camp with the camper health form. Thank you for you cooperation and understanding.

Additional Camper Information: Please briefly provide any additional information that you wish for our staff to know about your child. This could include your child's likes, dislikes, fears, any recent traumatic events (death of relative, pet, divorce) et cetera. We want to be able to provide your child with the best possible camping experience and anything you tell us will help us achieve that goal. *Please use separate paper if you need to.*

Please list any diagnosed conditions or disabilities (and their treatments) that our camp staff should be aware of. Our goal is to provide consistency between home, school, and camp environments for your child.

Does your child receive services through the school system? Yes _____ No _____

➤ If yes, which services? Please list: _____

Who will be picking up the camper at the end of their session? _____

Name

Relation

>>> **If someone other than the child's parent or guardian is to pick up the camper, please provide a written permission form signed by you indicating the name of who will be picking up camper. *Photo ID may be required at time of pickup.***

During camp programs, photographs and videos are often taken with the intent of using them for camp publicity. We make every effort to protect the privacy of individual campers and families. If you do not agree to have your child photographed or videotaped for this purpose, please speak to our camp directors at registration, or contact us at the number in the box below.

➤ *We have no control over images released by other campers and their families. Our control is limited to official China Lake Camp releases.*

Have Questions?

Please! Don't hesitate to contact us at (207) 358-9594 or email us at director@chinalakecamp.org

Additional information on camp programs and policies is available at www.chinalakecamp.org

Camper Contract

During the week of camp, I know that I will be challenged to be the best person I can possibly be. Therefore, I promise to be involved in ALL aspects of camp and I will actively participate in WORSHIP. I will also be: RESPECTFUL of myself, others, staff, and camp property; COURTEOUS; KIND; and PRAYERFUL in all that I say and do at China Lake Camp.

Camper Signature

Date

By signing below, I hereby certify that the information I have provided is accurate and truthful.

Parent or legal guardian signature

Date

**FOR OFFICE
USE ONLY**

Date Received _____	Cost of Camp \$175 \$350 \$400
Camp Session- TC / MASC / KC / IC BC / GC	Amt. Received _____
Receipt # _____	Scholarship/Discount _____ ER / MC / SCH
Confirmation Packet Sent <input type="checkbox"/>	Balance Due _____ Paid in Full <input type="checkbox"/>

CHINA LAKE CAMP HEALTH FORM

2024

China Lake Camp, 255 Neck Road, China, ME 04358 - (207) 358-9594

Please complete the following required medical information and submit it with the registration form. The following information will be given to the camp nurse. **Please fill out both sides, printing neatly.**

Camper's Information:

Camper's Name: _____ Date of Birth: _____

Grade last completed (as of June 2024): _____ Male Female

Home Phone: _____ Email: _____

Camper's Home Address: _____
Street Address City State Zip Code

Camper's Height: _____ Camper's Weight: _____

Emergency Contact Information:

This refers to the parent / guardian with legal custody – the person to be contacted in case of illness or injury:

Name: _____ Relationship to camper: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Email Address: _____

Second parent/guardian or another emergency contact:

Name: _____ Relationship to camper: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Email Address: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to camper: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Health Care Providers:

Camper's Physician: _____ Phone Number: _____

Camper's Dentist: _____ Phone Number: _____

Orthodontist: _____ Phone Number: _____

Medical Insurance: ***** New: Please attach a picture or photocopy of camper's insurance card**

Policy Holder's Name: _____ Policy ID Number: _____

Insurance Company Name: _____ Group Number: _____

Company Address: _____ Phone Number: _____

Please list any known allergies and the reaction to the allergen: _____

List any chronic or recurring illness or medical condition China Lake Camp should be aware of: _____

Additional health or behavior conditions or information camp personnel should be aware of: _____

Medications taken regularly: _____

If your child needs pain reliever, do you prefer Tylenol or Ibuprofen? Tylenol Ibuprofen

Please list any dietary restrictions: _____

What have we forgotten to ask? Please list any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program: _____

****Please attach a copy of the camper's Immunization Records** as required by Maine State Law. This document **must** be presented no later than camper check-in in order for the camper to be allowed to attend camp. It may be faxed to China Lake Camp at (207) 358-4633 or emailed to director@chinalakecamp.org.

Consent and Release of Medical Information

This health history and other information are correct to the best of my knowledge, and the camper described herein has my permission to engage in all camp activities except where noted. I understand that in case of an emergency or illness, every effort will be made to contact me or the emergency contact person(s) I have indicated.

I hereby give consent for any necessary treatment to be administered to _____ .
For minor ailments, while at camp, the camper may receive the appropriate dose of over-the-counter medications (except for _____); to be administered by the camp nurse according to a physician's standing orders.

I hereby release China Lake Camp, its staff, and any other associated organization from any and all liability arising in any way connected with medical care rendered to my child while at camp.

Parent Signature _____ Date _____