

**2024**

Winter Camp CAMPER REGISTRATION

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

**Camper’s Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (circle one): M F Age: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WINTER CAMP**

**2024**

**Camp Cost Calculator**

* Teen Winter Camp (ages 12-18)

January 26 – 28, 2024

*Please register by January 12, 2024*

* Kids Winter Camp (ages 8 - 12)

February 23 – 25, 2024

*Please register by February 9, 2024*

Cost $125 (each)

Base Cost of Camp $125 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*

\*Multi-camper discount -**-** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship (Church, etc.) -**-** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 is eligible for a $10 discount off the cost of Winter Camp. This is limited to children living within the same household.

**ATTENTION RETURNING CAMPERS:** **Under the current state health requirements WE ARE NO LONGER 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 arrival at camp. Thank you for your 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ >>> **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 will 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*

Have Questions?

Please! Don’t hesitate to contact us at (207) 358-9594 or email us at [director@chinalakecamp.org](mailto:director@chinalakecamp.org)

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

*families. Our control is limited to official China Lake Camp releases.*

## Camper Contract

*During the weekend of winter 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 guardian signature Date

**FOR OFFICE  
USE ONLY**

|  |  |
| --- | --- |
| Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cost of Camp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Camp Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Amt. Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Scholarship/Discount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmation Packet Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Balance Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid in Full \_\_\_\_\_\_\_\_\_ |

**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: *\*\*Please attach a copy/photograph of camper’s insurance card (New in 2023)***

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 a pain reliever, do you prefer Tylenol or Ibuprofen? Tylenol Ibuprofen Either

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 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**](mailto: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