

**CAMPER INFO**

Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Camper Email \_\_\_\_\_ Parent Email \*(Confirmation will be sent to Parent E-mail unless USPS is requested here )  
 Birthdate \_\_\_\_\_ Year of H.S. Graduation \_\_\_\_\_ Grade entering Fall 2010 \_\_\_\_\_ Cabin Mate Request: one request per camper, not all requests are guaranteed  
 Legal Guardian 1: Full Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Legal Guardian 2: Full Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Church \*(Please inform this church that your camper will be attending) PARKER Hill Community Church SCRANTON, PA  
 Church's City \_\_\_\_\_  
 How did you hear about Lake Ann?  
 TV  Mall Kiosk  Brochure  Church  Friend  Web  Newspaper/Magazine Ad  Other \_\_\_\_\_  
 Please Check the dates and camp program requested:

WEEK	DATES	JUNIORS	JUMP START	JUNIOR HIGH	FRESH START	SENIOR HIGH	REBORNE RANGERS
1	6/14-6/19	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> TBA \$349	<input type="checkbox"/> Tim Vine \$359	<input type="checkbox"/> Craig Perry \$379	<input type="checkbox"/> Scott Florida/ Ken Rudolph \$399	
2	6/21-6/26	<input type="checkbox"/> Steve Brower \$299	<input type="checkbox"/> TBA \$369	<input type="checkbox"/> E.J. Swanson \$359	<input type="checkbox"/> Kent Wallace \$379	<input type="checkbox"/> Sean Fox/ Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
3	6/28-7/3	<input type="checkbox"/> Aaron Bump \$299	<input type="checkbox"/> TBA \$339	<input type="checkbox"/> E.J. Swanson \$349	<input type="checkbox"/> Chris Peoples \$359	<input type="checkbox"/> Tim Baker/ Ken Rudolph \$389	
4	7/5-7/10	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> TBA \$369	<input type="checkbox"/> Andy Woodall \$379	<input type="checkbox"/> [Redacted] \$379	<input type="checkbox"/> Tim Baker/ Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
5	7/12-7/17	<input type="checkbox"/> Nate Parsekian \$299	<input type="checkbox"/> TBA \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Marc Herron \$379	<input type="checkbox"/> Chuck Conrad/ Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
6	7/19-7/24	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> TBA \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Dave Bunyan \$379	<input type="checkbox"/> Mario Arindaeng/ Ken Rudolph \$399	
7	7/26-7/31	<input type="checkbox"/> Uncle Charlie \$299	<input type="checkbox"/> TBA \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Ken McMaster \$379	<input type="checkbox"/> Tony Tice/ Ken Rudolph \$399	
8	8/2-8/7	<input type="checkbox"/> Kevin Alber \$299	<input type="checkbox"/> TBA \$349	<input type="checkbox"/> E.J. Swanson \$359	<input type="checkbox"/> Brad Pausley \$369	<input type="checkbox"/> Roy Mansfield \$399	

**HEALTH INFO - All information must be filled out**

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Please list any current infectious diseases or conditions. \_\_\_\_\_ Please list any activities from which camper should be exempt for health reasons. \_\_\_\_\_  
 Please list any physical, mental, or psychological conditions requiring medication, treatment, special restrictions or consideration while at camp. \_\_\_\_\_  
 Please list any past medical treatment. \_\_\_\_\_ Please list camper's immunizations \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_  
 Please list camper's current medications, both prescribed and over-the-counter. (Medications sent to camp must be in original container.) \_\_\_\_\_  
 Please list camper's allergies (bee stings, food, etc.). \_\_\_\_\_ Please list any diet restrictions. \_\_\_\_\_  
 Please specify any other medical concerns for your child. \_\_\_\_\_  
 On the rare occasion that a camper must be transported to the hospital, parents will be notified as soon as possible.

**SECURITY/PAYMENT INFO**

*In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. The camp carries secondary accident insurance, which means all claims must be submitted to the parents' insurance carrier first, then the unpaid balance will be submitted to our carrier for consideration. I understand that Lake Ann will only release my camper to the individual specified below unless written notification is submitted with updated camper release information. I certify the above child has my permission to attend camp and participate in all activities. I authorize Lake Ann to transport my child to offsite activities. I also realize that my camper's picture or testimony may be used in any camp promotion, in print, web, or media. My child may receive e-mail from the camp.*  
 I authorize the camp to release my child to an authorized representative of the church listed above.  
 I authorize the camp to release my child to the following individuals\*:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Check  Visa  Mastercard Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Specific names required. Individual must present photo I.D. in order for Lake Ann to release camper

Cost of Camp (see chart above)	\$ _____
_____ (Payment Enclosed)	\$ _____
_____	\$ _____
Early Bird Discount* <input type="checkbox"/> Dec. 26 <input type="checkbox"/> March 15	- \$ _____
Family Friendly Discount Child # _____	- \$ _____
Total	\$ _____
Amount Enclosed (\$125 registration fee required)**	\$ _____
Balance Due (Balance is due upon arrival)	\$ _____

SAVE! With our Family Friendly Discount!  
 Subtract \$100 for Child #3 and \$150 for all additional children!  
 Child #1 and Child #2 are full price.

Lake Ann Camp 231-275-5174 Fax: 231-275-5174  
 PO Box 109 info@lakeanncamp.com  
 Lake Ann, MI 49650 www.lakeanncamp.com

\*\*\$125 Fee is non-refundable but is transferable to another non-registered 2010 Summer Camper  
 Office use only: Date Recd \_\_\_\_\_ Amt Recd \_\_\_\_\_ Int \_\_\_\_\_