

Summer Camp Registration Form

Junior Camper (6-12 years old)

Teen Camper (13-19 years old)

Campers Name: _____

Address: _____

City _____ State _____ Zip Code _____

Childs Age: _____ Birthdate: _____ Male or Female

Home Church/Pastor: _____

Parent/Guardian _____

Deposit \$100 (To Be paid by June 16th, balance of \$95 due at camp)

Full Paid Early Registration \$195 (Paid by June 16th)

Full Paid Late Registration \$220 (Paid after June 10)

Camp T-Shirt Included Size _____

Paid Online Enclosed check Amount Paid \$ _____

You can make any payment online at www.snmiphc.org. Click on "Register for Event"

T- Shirt Order: You must let us know your Camp T-Shirt size NOW to insure a availability upon arrival.
 If you register after the JUNE 16th Deadline , we can not promise that you will be able to have a shirt in your size when arriving at camp.

Available Sizes: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Camp Pick up Policy: The registered camper must be picked up on Friday at 10:30am by above parent or guardian **OR** I give permission for them to leave the camp under the supervision of: _____

Cell Phone Policy: Kids may come to camp with a cell phone, but **ALL** cell phones will be turned off and turned in at check in. All cell phones will be returned at check out. **In case of emergency you may call Rachel King at 321-229-0105.**

Video and Photos: By signing this consent form, I give Sonshine Network Ministries and Lake Swan Camp permission to use videos and photos, which may include images of your child to promote camp through brochures, wesite, posters and other materials relating to our ministry. All photography will be used in a tasteful, professional and God honoring manner.

Emergency Medical Treatment: I give permission for counselors and or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment.

Everyone must obey ALL of the Camp Guidelines. Major disobidience of these rules by anyone will result in the camper/staff member being sent home after we notify their parents/pastor, without the right to any refund.

Parent/Guardian Signature _____

MEDICAL INFORMATION

Emergency Contact Information:

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

Medical Information:

Allergies: _____

Medications _____

Other Information: _____

Insurance Information:

Insurance Company _____
Primary Insured _____
Company Address _____
Customer Service Number: _____
Group Policy Number: _____

Our camp nurse will be available to administer medications, including prescription drugs with parental consent, but they must be sent in a properly labeled container from the pharmacy that contains the camper's and doctor's name. Other drugs/vitamins must be well labeled with the campers name.

The camper is responsible to see the Camp Nurse for daily medications.

Parent's Signature _____