

LAKE CISCO JUNIOR CAMP – JUNE 4 – 8, 2023

LCCC APPLICATION

COST OF CAMP: The total tuition of camp is **\$125.00** (\$60.00 deposit due with application; balance due upon arrival). This covers room, board (all meals), class materials, canteen and accident insurance coverage on campers from the time they arrive until the time they leave camp. Make checks payable to **Lake Cisco Junior Camp**.

AGREEMENT: I have enclosed a \$60.00 deposit to enroll in the week of **June 4th – 8th** at LCCC. I agree to pay the balance of \$65.00 when I arrive. My child has completed the 3rd, 4th, 5th, or 6th grade as of May of this year. *I understand that each camper must follow all rules of the camp.* No refunds will be given after May 28, 2023.

PARENT/GUARDIAN: _____ **CAMPER:** _____

PARENT SIGNATURE

CAMPER SIGNATURE

Mail application to: **CHURCH OF CHRIST P.O. BOX 842 EASTLAND, TX. 76448**

Only one cabin/group mate request per camper: _____

LCCC HEALTH CARD

The parent or guardian of every child attending camp must complete this form!!

CAMPER'S NAME: _____ **AGE:** _____ Male () Female ()
(Print Name)

GRADE COMPLETED BY MAY 2023 3rd 4th 5th 6th (Circle One)

LIST ALL PRESCRIPTION MEDICATION CAMPER WILL BRING

LIST ANY ALLERGIES TO:

FOODS: _____

INSECTS: _____

OTHER: _____

IMMUNIZATIONS: Diphtheria Tetanus: Yes _____ No _____ Polio: Yes _____ No _____ Smallpox: Yes _____ No _____

ANY MEDICAL CONDITIONS: _____

PHYSICIAN'S NAME: _____ **PHYSICIAN'S PHONE NUMBER:** _____

HEALTH INSURANCE PLAN: _____ **INSURANCE CO. PHONE NUMBER:** _____

POLICY HOLDER NAME: _____ **POLICY #:** _____ **GROUP #:** _____

MEDICAL RELEASE: I hereby grant permission to the director and or his designee to see and or administer appropriate medical aid to my child in the event of an emergency. I hereby grant permission to give my child over-the-counter medications such as, Tylenol, Ibuprofen & allergy medication. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, or any treatment deemed necessary by a legally licensed physician; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency; I hereby give permission to the physician selected by the camp director and or his designee to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of the camp.

SIGNATURE OF PARENT/GUARDIAN: _____ **Print Name:** _____

Address: _____ **City, State, Zip:** _____

Phone #: _____ **Cell #:** _____ **Text? Yes** _____ **No** _____ **Alternate#:** _____

If you'd like, we can contact you via email or text concerning your child's registration or other important information.

E-MAIL: _____ (Please return the complete page)

A **DEPOSIT & SIGNED** application must be received within **10 days** for any applications taken by phone or E-mail.

THIS SIDE FOR OFFICE USE ONLY

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Deposit Amount: _____ Date Received: _____ Check # _____/CASH

Balance Due: _____ Date Paid: _____ Check # _____/CASH

FOR OFFICE USE ONLY

CABIN: _____ GROUP #: _____