

Midwest Christian Camping Association
Twin Lakes Junior Camp Registration

CAMPER		
First Name:	Last Name:	
Grade this Fall (Circle One): 4 5 6	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		
City:	State:	Zip Code:
PARENT/GUARDIAN		
Name(s):		
Home Phone:	Work Phone:	
Mom Cell:	Dad Cell:	
Email:	Email:	
INSURANCE		
Name of Insurance Company:		
Name of Policy Holder:	Birth Date of Policy Holder:	
Policy #:	Insurance Company Phone:	
GENERAL HEALTH		
Doctor & Phone #:	Date of Last Tetanus:	
Known Allergies:	Medications Currently Used or Prescribed:	
Special Diet:		
Does this child have any medical or health issues, and has this child had any chronic or recurring illnesses, which would have an effect on the child's participation in camp activities? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain:		
<p>Please accept this signature as my permission for the camp nurse to provide to my child the following over the counter (OTC) medications to treat symptoms such as headaches, allergies, upset stomach, etc. according to the manufacturer's recommendations? (Initial approved medications)</p> <p style="text-align: center;">_____ Acetaminophen _____ Ibuprofen _____ Benadryl _____ Pepto-Bismol</p> <p>Parent/Legal Guardian (printed name): _____</p> <p>Parent/Legal Guardian (signature): _____</p>		
IN CASE OF EMERGENCY		
If unable to reach Parent/Guardian		
Primary Contact Name/Relationship:	Secondary Contact Name/Relationship:	
Home or Work Phone:	Home or Work Phone:	
Cell Phone:	Cell Phone:	

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HOLD HARMLESS AGREEMENT AND PHOTO RELEASE WAIVER	
<p>Hold Harmless Agreement: Some of the activities at camp like running, swimming, and climbing have assumed risk. In consideration of my being allowed to participate in the activities at Twin Lakes Bible Camp and intended to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against Twin Lakes Bible Camp as well as their respective officers, directors, trustees, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages that I may sustain and/or suffer in connections with my participation in camp activities. I also agree to indemnify Twin Lakes Bible Camp for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from my participation in this program. I am physically fit, legally competent, and freely participate in this activity at my own risk.</p> <p>Furthermore, I understand that all due precaution will be taken, but in spite of this, accidents can happen and illness develops. Therefore, I will not hold the camp leaders, directors, or churches affiliated with Midwest Christian Camping Association liable for any illness or accident resulting from my child's camp experience. In case of an emergency, surgical or medical, I hereby give permission for agents of Twin Lakes Bible Camp and Midwest Christian Camping Association camp leaders to hospitalize, secure proper treatment and to order injection anesthesia or surgery for the child listed above.</p>	
Parent/Guardian Printed Name:	
Parent/Guarding Signature:	Date:
<p>**Please put all medications in plastic bag, label with camper's name and directions for usage. All medications need to be turned in to the nurse at registration.**</p>	
DISCIPLINARY & PICTURE RELEASE	
<p>I understand that my child will be required to follow camp rules and regulations. I further understand that if my child refuses to cooperate and follow the camp rules and guidelines (and it is deemed necessary by the camp leaders and directors), I, as parent or legal guardian, will be required to come to the camp and bring my child home, or find other arrangements for them to be picked up from the camp. I also understand that in the event my child is required to leave camp, there will be no refund of the camp registration and fees.</p> <p>I give my permission for my child's picture to be used for publicity for Midwest Christian Camping Association's Junior Camp.</p>	
Parent/Guardian Printed Name:	
Parent/Guarding Signature:	Date:
CABINMATE REQUEST	
Home Church:	Cabin Mate Request:
<p>Camp leaders will do their best to accommodate cabin mate requests, but please keep in mind this is a request and NOT a guarantee. If your camper is not placed with their requested cabin mate, please assure them they will have many opportunities to see and spend time with their friends from home and reinforce that one of the best parts of camp is making new friends!</p>	

Questions: Stephanie Klemme, Junior Camp Registrar
klockslem24@hotmail.com 605-940-2242

Le Mars Bible Church
lbc@lemarsbiblechurch.org 712-546-6915