

CAMPER INFO

Camper's Full Name _____ Male Female

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent Email *(Confirmation will be sent to Parent E-mail unless USPS is requested here) _____ Camper Email _____

Birthdate _____ Year of H.S. Graduation _____ Grade entering Fall 2009 _____ 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) _____ Church's City _____

How did you hear about Lake Ann?
 TV Radio Mall Kiosk Brochure Rack 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	6/15-6/20	<input type="checkbox"/> Brien Brough \$299	<input type="checkbox"/> Mike Baker \$349	<input type="checkbox"/> Tim Vine \$359	<input type="checkbox"/> Patrick McGoldrick \$379	<input type="checkbox"/> Ken Rudolph \$399	
2	6/22-6/27	<input type="checkbox"/> Kurt Alber \$299	<input type="checkbox"/> Mike Baker \$369	<input type="checkbox"/> E.J. Swanson \$359	<input type="checkbox"/> Travis Walker \$379	<input type="checkbox"/> Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
3	6/29-7/4	<input type="checkbox"/> Kurt Alber \$299	<input type="checkbox"/> Mike Baker \$339	<input type="checkbox"/> E.J. Swanson \$349	<input type="checkbox"/> Chris Peoples \$359	<input type="checkbox"/> Ken Rudolph \$389	
4	7/6-7/11	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> Mike Baker \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Craig Perry \$379	<input type="checkbox"/> Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
5	7/13-7/18	<input type="checkbox"/> Kevin Alber \$299	<input type="checkbox"/> Mike Baker \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Dave Bunyan \$379	<input type="checkbox"/> Ken Rudolph \$399	<input type="checkbox"/> TBA \$489
6	7/20-7/25	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> Mike Baker \$369	<input type="checkbox"/> E.J. Swanson \$379	<input type="checkbox"/> Jamey Newstead \$379	<input type="checkbox"/> Ken Rudolph \$399	
7	7/27-8/1	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> Mike Baker \$369	<input type="checkbox"/> Mike Lane \$379	<input type="checkbox"/> Kent Wallace \$379	<input type="checkbox"/> Ken Rudolph \$399	
8	8/3-8/8	<input type="checkbox"/> Charles Alber \$299	<input type="checkbox"/> Mike Baker \$349	<input type="checkbox"/> E.J. Swanson \$359	<input type="checkbox"/> Ken McMaster \$369	<input type="checkbox"/> TBA \$399	

HEALTH INFO

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

Check Visa Mastercard _____ Card # _____ Expiration Date _____ 3-digit Security Code _____

Signature of Parent or Guardian _____ Date _____

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.

Cost of Camp (see chart above)	\$
Early Bird Discount* <input type="checkbox"/> Dec. 25 <input type="checkbox"/> March 15	- \$
Family Friendly Discount Child # _____	- \$
Total	\$
Amount Enclosed (\$125 registration fee required)**	\$
Balance Due (Balance is due upon arrival)	\$

*See opposite page. Registration must be postmarked by the Early Bird date.
 **\$125 Fee is non-refundable but is transferable to another non-registered 2009 Summer Camper

Office use only: Date Recd _____ Amt Recd _____ Inti _____

Mail Registration Form and \$125 Registration Fee to:

Lake Ann Camp 800-223-5722
 PO Box 109 info@lakeanncamp.com
 Lake Ann, MI 49650 www.lakeanncamp.com