



Summer Camp Registration Form

OR register online at www.LRCCHome.com

There is a \$35 fee for registrations not done online. This will be added to your total balance due for camp.

PARENT INFORMATION

Parent or Guardian Names _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State ____ Zip _____

Phone _____ Work Phone _____

Other Phone _____ **Email (required!)** _____

Are you a member of Thrivent Financial for Lutherans? Yes ___ No ___

CAMPER INFORMATION

Camper's Name _____

Camper Address (if different than parent mailing address) _____

City _____ State ____ Zip _____

Phone _____ Email _____

Gender (circle one): Male Female Church Name/City _____

Camper's current grade level _____ Camper's Birthday _____(00/00/0000)

CAMP INFORMATION

Dates of camp: _____

Program:

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Explorers (grades 2-4) | <input type="checkbox"/> Pioneers (grades 4-6) |
| <input type="checkbox"/> Discoverers (grades 7 and 8) | <input type="checkbox"/> Teen Camp (grades 9-12) |
| <input type="checkbox"/> Beach Camp (grades 6-12) | <input type="checkbox"/> Adventure Camp (grades 9 – 12) |

Site (Please check one):

- | | |
|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> El Camino Pines | <input type="checkbox"/> Yolijwa |
| <input type="checkbox"/> Pacific Beach | <input type="checkbox"/> San Clemente |

Cabin Mate Requests:

1) _____ 2) _____

Once we have your registration and deposit, you will receive a confirmation email with details about your registration, getting ready for camp and your online account info. that you can access through our website (www.LRCCHome.com) to pay your balance.



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EMERGENCY CONTACT

Emergency Contact _____ Relationship to camper _____

Home Phone # _____ Cell Phone _____

Parent # 2 information if necessary _____

Address _____ City, State, Zip _____

Home phone # _____ Cell phone # _____

CAMPER - GENERAL HEALTH INFORMATION

Allergies:

Dietary restrictions:

Current medications:

Does the camper have asthma? Yes ___ No ___

Activity Limitations:

Pertinent Health Information:

Campers Health Insurance Company:

Policy #:

Group/Member #:

Insurance Phone #:

Child's Physician:

Physician's phone #:

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FINANCIAL OPTIONS - We have 4 other options for you to take advantage of with your camp registration. Please check the ones you would like to purchase, fill in the amount and we will add that to your registration fee/balance.

___ **eCamp** - \$10 - Join our online camp community at El Camino Pines or Yoliijwa! **This only applies to our onsite programs, not Beach Camp or Adventure Camp.**

- Save your photos to personal photo albums
- Purchase photo prints and gift items
- Email credits can be used to send an email, add stationary or other fun features.
- Your email messages are delivered daily to camp, printed and handed out to your child at camp

___ **Camp Picture** - \$10

___ **Camp Store money** – amount of your choice (Please see our website under Getting Ready for a complete list of what is available to purchase in the Camp Store as well as cost information.) **This only applies to our onsite programs, not Beach Camp or Adventure Camp.**

___ **Campership Donation** (this fund helps youth get to camp who couldn't otherwise afford it)

___ **Summer Camp Offering**

This summer the offering we collect at camp will go towards the ELCA Malaria Initiative to fight Malaria in Africa. You can find out more about this at www.knotsfornets.net. Offering will be collected at one of the worships during camp. Campers can bring cash or a check to "LRCC" with Summer Camp Offering in the memo.

PAYMENT INFORMATION

Amount enclosed (*\$100 non-refundable deposit required to register*) \$ _____ Check # _____

Visa or MasterCard # (please circle one) _____

Expiration Date _____ 3 digit security code (on the back of the card) __ __ __

Cardholder Signature _____

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I hereby give permission for this camper to participate in the programs and all activities of Lutheran Retreats, Camps & Conferences. I agree LRCC will not be held responsible for accidents or personal injury arising there from. I will submit a health history form two weeks prior to camp and if necessary, documentation of a recent physical exam. I give the camp staff permission to seek medical treatment for my child in case of illness or injury. I understand my photo or my child's photo may be taken for use in camp promotional literature and I waive the right to inspect or approve the photo if used for such purposes.

Your photo or your child's photo may be taken for use in camp promotional literature this summer. Your child would only be identified as a camper, not by name. You can either allow us to use photos of your child, but waive the right to inspect or approve the photo if used for such purposes, or prohibit the camp from using your child's photo.

Parent/Guardian Signature _____ Date _____

Please return this form with your \$100 deposit/camper (checks to "LRCC") to:

LRCC Administration Office

11900 Frontier Road, Frazier Park, CA 93225

(661) 245-3519

Once we have your registration and deposit, you will receive a confirmation email with details about your registration, getting ready for camp and your online account info. that you can access through our website (www.LRCCHome.com) to pay your balance.