TROUTLAKE



2018 REGISTRATION

THE FASTEST WAY TO REGISTER IS ONLINE AT TROUTLAKECAMPS.ORG.

Another option is to fill out the following form and fax or mail it in. Please follow the steps on registration form.



STEP 1:

PICK YOUR CAMP

					1	he Point		Timber Ridge
Choice	Date	Week	1st	2nd	3rd	4th-6th	9th-12th	6-8th
	June 17-20	1	□ Primary	r: \$300		— I		-V T #400
	June 20-23	1	□ Primary	r: \$300		■ Juniors: \$390		■ Young Teens: \$400
	June 24-29*	2					■ Sr. High: \$490	■ Young Teens: \$385
	July 1-7	3		■ Primary	Plus: \$305	■ Juniors: \$360		■ Young Teens: \$425
	July 8-13*	4						■ Young Teens: \$460
	July 15-21	5		■ Primary	Plus: \$430	■ Juniors: \$440		■ Young Teens: \$460
	July 22-28	6		■ Primary	Plus: \$405	■ Juniors: \$410		■ Young Teens: \$425
	July 29-Aug. 4	7		■ Primary	Plus: \$445	■ Juniors: \$485		■ Young Teens: \$515
	Aug. 5-8		□ Primary	r: \$330				
	Aug. 8-11	8	□ Primary	r: \$330		■ Juniors: \$525		■ Young Teens: \$525
	Aug. 12-17*	9		■ Primary	Plus: \$445	■ Juniors: \$525		■ Young Teens: \$515
	Aug. 19-25	10				8 7 7	1000	■ Young Teens: \$435

Short Week

STEP 2:

CONTACT INFORMATION

Fill in CAMPER, PRIMARY and ALTERNATE contact information.

Camper's Name	
Grade Completed as of June 2018	Gender O Male O Female
Street	
City/State/Zip	Birth Date
Primary Contact	Relationship to Camper
Primary Contact E-mail	
Primary Contact Cell#	Primary Alt. #
Alternate Contact	
Relationship to Camper	Alternate Contact Cell#
Cabin Friend See information section for Cabin Friend Policy	
Church you Attend	
STEP 3:	Partie All Parties
HEALTH HISTOR	RY FORM
General Medical Infor	mation
What is the name and number of your family pl	hysician?
What is the name of your medical insurance ca	arrier? Insurance Group or Policy #
What is the name of the insured person?	What is the birthday of the insured person?
RX Group # RXBIN #	RXPCN#





Health History continued

Does this camper have any allergies to medications, plants, insects, etc.? ○ Yes ○ No
If yes, please explain:
Check any of the following that apply to you: Frequent Ear Infections Asthma Mononucleosis Bedwetting Diabetic Autism Seizures Down Syndrome Heart Defect/Disease Tourette's Syndrome ADD/ADHD Bleeding Disorder Hepatitis
Check any of the following dietary concerns that apply to you: O Gluten O Lactose O Peanuts O Tree Nuts O Vegetarian O Other
Are there any health problems that would make it difficult for your child to participate in physical activities while at camp?
○ Yes ○ No If yes, please explain:
Approximate date of your camper's last tetanus shot?
Are all immunizations up to date? O Yes O No If no, reason?
Is there anything else you'd like us to know about your camper's health?
Female campers only
Has this camper menstruated? ○ Yes ○ No Is it regular? ○ Yes ○ No ○ N/A
If she hasn't menstruated, has she been told about it? O Yes O No
PARENTAL AUTHORIZATION: Ihereby:

- Affirm there is no need of a doctor's examination prior to camp based on current physical health, or that such an examination has been obtained and included with this registration.
- Authorize Trout Lake Camps medical staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, to release any records necessary, and to provide or arrange medical transportation for my child. In the event that I cannot be reached, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.

DATE

- Administer deathers, including hospitalization for high child.
 Medical care available at Camp now includes telehealth services.
 Allow my child to participate in all camp activities, including but not limited to the blob, boating, canoeing, climbing walls, disc golf, flying squirrel, horseback riding, leap of faith, mountain bike/scooter riding, paintball, riflery, slingshot range, skateboarding, swimming, watermat, zipline, and any adventure activity or camp wide games. In doing so I voluntarily accept the risk and agree that Trout Lake Camps/CNC and any of their staff or volunteers will not be liable for injuries resulting from my child participating in camp activities.
- I freely and voluntarily assume complete personal responsibility for these risks and for injuries that may occur as a result of these risks, even if such injuries occur in a manner that is not foreseeable at the time this agreement is signed.
- Understand that Trout Lake Camps reserves the right to dismiss a camper whose action, behavior, or attitude, in their judgment, is contrary to the best interests of the camp.
- Agree that any pictures or video taken at camp may be used by Trout Lake Camps or their assigned agents for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy.

PARENT/GUARDIAN SIGNATURE	

STEP 4: CPTIONS

Add options to your child's registration.

\$ Camp	Store	Account:

This money is used as spending money at Trout's store, canteen, Soda Fountain, The Barn, and for certain activities. To see a list of activites, visit our FAQ page at TroutLakeCamps.org. Any remaining money at the end of the week will be returned to the camper.

\$____(\$75) Horsemanship Class:

Campers learn about caring for horses and basic riding skills through corral and trail rides. Horsemanship classes are assigned on a first-come, first-served basis according to when registrations arrive in our office. This option is available for Juniors, Young Teens, and Senior High campers.

\$ (\$30) Care Package:

A mid-week surprise for your camper that includes a draw string back pack, TLC water bottle, a coupon for a free ice cream in the Soda Fountain/ The Barn, and TLC Souvenirs and yummy snacks.

\$____(\$30) Blanket:

Our TLC blanket is the perfect souvenir for campers to use while at camp and after they get home. Blankets measure 54 x 84 and will be waiting for your camper in their cabin upon arrival.

\$____Option(s) Total:

(Add the total cost of options and write this amount on the Options Total in Step 5).

STEP 5:

PAYMENT

Total your camp fees.

Camp Fee (See schedule)	\$	
Options Total	\$	
Church Coupons & Corporate Sponso Special coupons given out by support corporations must be attached to this to be redeemed. Sponsorship codes up and provided by the churches and	rting churches and s registration form and values are set	
Sponsorship Code		
Code Value	\$	
\$10 TLC Camp Coupon	\$	
TOTAL FEE	\$	
O I have attached a check, money o this registration.	rder, or cash to	
O Charge my credit card below the	total amount.	
○ MasterCard ○ Visa ○ Discover		
Account #:		
Expiration Date:/	CVV#	
Name on Card		
Signature		

