



**LAKE OF THE TREES BIBLE CAMP**  
 Box 9, Forest Grove, BC V0K 1M0  
 Phone: (250) 791-5502  
 Fax: (250) 791-5518

# 2010 CAMPER REGISTRATION

One form per camper. Please PRINT clearly.

## CAMP USE ONLY:

Camp: \_\_\_\_\_  
 CABIN: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_  
 MO or Cheq #: \_\_\_\_\_  
 Name on Cheque if different than registration: \_\_\_\_\_

Mail this form if MORE THAN THREE WEEKS to the beginning of camp. If LESS THAN THREE WEEKS to camp beginning, fax this form to (250) 791-5518 or fill out an online registration at [www.lakeofthetrees.com](http://www.lakeofthetrees.com).

Camper's Name: \_\_\_\_\_ Gender:  Male  Female  
first Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age (as of Dec. 31/2010): \_\_\_\_\_

For the items in this box, please check mark the box beside all that are applicable.

- I have been a LOTT camper before. (number of summers): \_\_\_\_\_  
 This is my first time at LOTT.  
 I was invited by: \_\_\_\_\_  
 I want to be in the same cabin as: \_\_\_\_\_  
(Maximum ONE friend - cabin mates must be no more than one year apart in age)

T-shirt Size:  Youth S  Youth M  Youth L  S  M  L  XL

## SKILLS AVAILABLE

Each Junior, PreTeen & Teen Camper can participate in:

- NATURE STUDY  TUBING  
 ARCHERY  SWIMMING  
 PELLETRY  BLOBBING  
 CANOEING  WATERSLIDE  
 OUTDOOR CLIMBING TOWER

## Mom's Information:

Name: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_

H: ( ) \_\_\_\_\_ - \_\_\_\_\_ W: ( ) \_\_\_\_\_ - \_\_\_\_\_ C: ( ) \_\_\_\_\_ - \_\_\_\_\_

Will parent(s)/guardian(s) be away during camp?  Yes  No

## Dad's Information:

Name: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_

## ADDITIONAL SKILLS & FEES

- **MODEL ROCKETRY** (Junior and PreTeen Camps - additional \$10)
- **WATER SPORTS** (Teen Camps - additional \$50) Tube, Wakeboard, Kneeboard and Water skis
- **HORSEMANSHIP** (Teen 2 and PreTeen 3 Camps only - additional \$100) Hosted by **Spring Lake Ranch**, these beginner Western lessons teach horse psychology, care and trail riding. Room for 12 per camp, minimum 5 must register two weeks before camp begins.

## CAMP YOU ARE REGISTERING FOR: Please check ONE ONLY (age as of Dec 31, 2010)

2010 CAMPS	CAMP DATES	AGE As of Dec. 31, 2010	BEAT THE HST GST only if FULLY FEE RECEIVED By April 30	EARLY BIRD Plus 12% HST By June 15	CAMP FEE Plus 12% HST After June 15	DEPOSIT Minimum included with registration	Arrive	Depart
<input type="checkbox"/> Squirts	July 1-3	6-9	\$83.00	\$89.00	\$93.00	\$30.00	Thurs. 8-10am	Sat. 12pm  Family members of campers are invited to a closing ceremony at 11am before departure
<input type="checkbox"/> PreTeen #1	July 5-10	10-13	\$241.00	\$257.00	\$269.00	\$90.00	Mon. 8-10am	
<input type="checkbox"/> Teen #1	July 12-17	13-16	\$275.00	\$294.00	\$308.00	\$90.00	Mon. 8-10am	
<input type="checkbox"/> Junior #1	July 19-24	7-10	\$224.00	\$239.00	\$251.00	\$80.00	Mon. 8-10am	
<input checked="" type="checkbox"/> Family Camp	July 30-Aug. 2	13+ 7-12 2-6	\$105.00 \$79.00 \$37.00	\$112.00 \$84.00 \$39.00	n/a	\$100.00	Arrive: Fri. Depart: Mon.	
<input type="checkbox"/> PreTeen/Teen #2	Aug. 5-14	11-15	\$429.00	\$458.00	\$481.00	\$150.00	Thurs. 8-10am	Sat. 4 pm
<input type="checkbox"/> Junior #2	Aug. 17-21	7-10	\$179.00	\$191.00	\$199.00	\$60.00	Tues. 8-10am	
<input type="checkbox"/> PreTeen #3	Aug. 23-28	10-13	\$241.00	\$257.00	\$269.00	\$90.00	Mon. 8-10am	
Work Crew #1	June 30-July 24	14-17	\$305.00	\$325.00	n/a	total	Thurs. 2 pm	
Work Crew #2	July 29-Aug. 21	14-17	\$305.00	\$325.00	n/a	total	Wed. 2 pm	

**WORK CREW APPLICATIONS** are available at [www.lakeofthetrees.com](http://www.lakeofthetrees.com) or call 1-866-791-5502 to be mailed an application package. DO NOT USE THIS CAMPER REGISTRATION FORM.

### CAMP OFFERING

For 8 summers, LOTT campers and staff have voluntarily donated their Tuck candy and/or money towards needy children in third world countries.

### STAFF GIFT

Summer staff serve as well-screened and trained volunteers to keep camp fees low. Would you consider a tax-deductible gift with your camp fee to help support summer staff? This especially helps College and University students.

### BRING A BUDDY

- Each friend brought to camp earns \$50 off your camp fee.
- They must be a first time LOTT camper.

### LOTT merchandise for sale at the beginning and end of camp.

- Hoodies \$40  T-shirts \$15  
 hats \$15  Bibles \$5  
 Plus other nifty items!

### FEES & PAYMENTS:

- Camp Fee** (see above for prices at date of registration) . . . . . \$ \_\_\_\_\_  
 **Extra Tuck and/or Camp Offering** - to help needy children . . . . . \$ \_\_\_\_\_  
 **Model Rocketry** (Junior & PreTeen Camps: \$10 pd. in full) . . . . . \$ \_\_\_\_\_  
 **Water Sports** (Teen Camps: \$50 pd. in full) . . . . . \$ \_\_\_\_\_  
 **Horsemanship** (Preteen/Teen 2, & PreTeen 3 Camps \$100 pd in full) . . . . . \$ \_\_\_\_\_  
 **Staff Gift**  Receipt needed? . . . . . \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_
- Friend(s) I brought for the first time** (\$50/friend) . . . . . \$ \_\_\_\_\_  
 Friend's name: \_\_\_\_\_

### AMOUNT ENCLOSED . . . . . \$ \_\_\_\_\_

- See deposit amounts above. The deposit is the minimum amount to be enclosed with registration form.
- Deposit is part of the total fee and is non-refundable.
- Mail in full amount now to check in faster upon arrival at camp.
- Mail registration payment by cheque or Money Order. DO NOT MAIL CASH.

### AMOUNT OWING . . . . . \$ \_\_\_\_\_

- Due on arrival at camp. Cash or Money Order, sorry, no cheques.
- Receipt issued once full payment is received - Camp fee eligible for child tax deduction.

\*\*\*TURN OVER AND FILL OUT HEALTH & AUTHORIZATION SIDE\*\*\*

# 2010 CONFIDENTIAL HEALTH HISTORY & AUTHORIZATION



Camper's Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Camper's Medical Number: \_\_\_\_\_ Province: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Last Examination MM/DD/YYYY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ALLERGIES:**

- Drugs: \_\_\_\_\_
- Food: \_\_\_\_\_
- Insect Stings or Bites: \_\_\_\_\_
- Seasonal Allergies (i.e. hay fever): \_\_\_\_\_
- Other: \_\_\_\_\_
- Reactions: \_\_\_\_\_
- Yes, carries an EpiPen?

**RECENT ILLNESS, OPERATIONS or INJURIES:**

- Yes  No Is the camper under any form of treatment/medication for any illness, condition or injury?  
If "Yes", please explain: \_\_\_\_\_
- Yes  No Will this condition limit or affect participation in activities?

**DATE OF LAST IMMUNIZATION/BOOSTER (MM/DD/YYYY)**

- Tdp (tetanus, diphtheria, polio) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- MMR (measles, mumps, rubella) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Chicken Pox \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Hepatitis B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- HIB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HISTORY OF COMMUNICABLE DISEASES AND DATES**

- Chicken Pox: \_\_\_\_\_
- Hepatitis: \_\_\_\_\_
- Whooping Cough: \_\_\_\_\_
- Other: \_\_\_\_\_

**OTHER HEALTH ISSUES (Please check any applicable areas)**

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Hearing Aids            |
| <input type="checkbox"/> Bed wetting                  | <input type="checkbox"/> Hearing Difficulties    |
| <input type="checkbox"/> Behavioral Concerns          | <input type="checkbox"/> Heart Disease/Defect    |
| <input type="checkbox"/> Clotting Disorders           | <input type="checkbox"/> Homesickness            |
| <input type="checkbox"/> Dental Appliances            | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Nightmares              |
| <input type="checkbox"/> Eating Disorders             | <input type="checkbox"/> Seizure Disorders       |
| <input type="checkbox"/> Eye Glasses/Contacts         | <input type="checkbox"/> Skin Conditions         |
| <input type="checkbox"/> Emotional Limitations        | <input type="checkbox"/> Sleepwalking            |
| <input type="checkbox"/> Physical Limitations         | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Frequent Earaches/Infections | <input type="checkbox"/> Vision Difficulties     |
| <input type="checkbox"/> Frequent Colds/Sinus Trouble | <input type="checkbox"/> Headaches               |
| <input type="checkbox"/> Other: _____                 |  |

- Yes  No Does the camper wear glasses/contact lenses?
- Yes  No Does the camper have dental appliances?
- Yes  No Does the camper require hearing devices?

Explanation and treatment of above concerns: \_\_\_\_\_

**FOR FEMALE CAMPERS AGES 11-14**

- Yes  No Has she menstruated?
- Yes  No If "No", has she been told about it?
- Yes  No If "Yes", is menstrual history normal?

Special Conditions? \_\_\_\_\_

**OVER THE COUNTER MEDICATIONS**

**"I GRANT APPROPRIATE CAMP STAFF PERMISSION TO GIVE MY CHILD THESE MEDICATIONS IF NECESSARY"**

- Yes  No Cough Syrup (no codeine)
- Yes  No Pepto Bismol
- Yes  No Decongestant
- Yes  No Gravol (anti-nausea)
- Yes  No Throat Lozenges
- Yes  No Chlortripolon or Benadryl (anti-histamine)
- Yes  No Tylenol (or generic brand)
- Yes  No Advil (or generic brand)

**MEDICATIONS BEING SENT**

(If more space is needed, please write on another paper)

- Medication Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Administration Times: \_\_\_\_\_

Reasons for taking: \_\_\_\_\_

- Medication Name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Administration Times: \_\_\_\_\_

Reasons for taking: \_\_\_\_\_

**\*\*ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS AND CLEARLY LABELED\*\***

- Yes  No Does the camper take any other medications that will not be sent to camp?
- If "Yes", please explain: \_\_\_\_\_

**DIETARY RESTRICTIONS or CHOICES**

\_\_\_\_\_

**ACTIVITIES TO BE ENCOURAGED or LIMITED**

\_\_\_\_\_

**AUTHORIZATION:** To the best of my knowledge, this camper does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the camp session start date, and is physically able to participate in all camp activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have been fully noted. I give permission for this health information to be shared with the appropriate camp staff and outside medical personnel as necessary. If the parent cannot be reached permission is hereby, given to the camp staff to take whatever steps it deems necessary the safety and health of the camper. This also allows permission to the camp to contact the camper's family physician. In the event extraordinary transportation, medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Medical Insurance coverage.

I hereby certify that all information completed in this form is accurate and up to date. I will contact the camp in writing if any changes occur in camper's health status between now and arrival at camp. ALL INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL.

**LIABILITY WAIVER:** The Camp Director reserves the right to dismiss the camper who, in his opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable controls of camp. The parent/guardian certifies that the applicant camper is in normal condition and habits

and is amenable to necessary discipline. No refund will be given for a dismissal due to disciplinary action, home sickness, late arrival or early departure.

Upon rare occasions, children will get homesick while at camp. Should this condition persist, we will contact you. Where the camp program involves leaving the camp premises (ex. hiking, canoeing, etc.), I give my child permission to participate.

I hereby release Lake Of The Trees Bible Camp volunteers, staff and Directors from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program.

The parent/guardian submitting this form has legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the camp, including a photocopy of the section of any court order referring to visitation rights.

The parent/guardian submitting this form give their permission for any photographs or videos of camp activities which may include their child to be used in any camp promotional materials and brochures.

Parent/Guardian Signature *required*

Date