



Lariat Creek Christian Camp

2019 Summer Camp Application



Section 1: Camper Information (Please Print Clearly)

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Male Female Grade going into (Fall '19): _____

First time at LCCC? Yes No Home Congregation: _____

Have you been baptized? Yes No

Section 2: Parents/Guardian Information

Parent(s) Name(s): _____

Parent(s) Date of Birth: _____ Email: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Section 3: Session (Please complete a separate application for each session with payment)

<u>Session</u>	<u>Directors</u>	<u>Dates</u>	<u>Grades</u>	<u>Fee</u>
<input type="checkbox"/> Beginner	*TBD	May 31-June 1	3rd-4th	\$15
<input type="checkbox"/> Junior	John Domina	June 9-15	5th-7th	\$135
<input type="checkbox"/> Oasis	Paul Walvoord	June 23-29	4th-12th	\$135
<input type="checkbox"/> Xtreme Week	Ryan Driskill & Jordan Crow	July 7-13	8th-Grads	\$140
<input type="checkbox"/> Senior	Doug Gunselman & Clay Bryant	July 14-20	8th-Grads	\$135

All sessions (except Beginner Session) write your t-shirt size here: _____

***All fees listed are early-bird rates. Price increases by \$15 two weeks prior to each session.

Section 2: Payment Information

Each application MUST have full payment enclosed. For campers coming to two or more sessions, a check and application must be completed for each session. Do not combine payment for different sessions on one check.

Amount Paid: \$_____ (payment must be enclosed) Cash Check/Money Order

Early-bird rates are listed on application. An additional \$15 must be added on all applications sent within two weeks of each session and for walk-ins on the first day of camp.

LCCC has limited scholarships available for those families whose finances otherwise prevent their attendance at LCCC. If you would like to apply for a scholarship, please email Brent Dittmeyer at brentdittmeyer@gmail.com.

Section 5: Insurance Information (Please Print Clearly)

Name of your insurance company: _____ Phone: _____

Member Name: _____ Policy #: _____

Section 6: Authorization for Medical Care (Guardian Info from Section 2 Must Be Complete)

I, parent or guardian, consent to any x-ray, examination, anesthesia, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the before mentioned minor, under general or special supervision and upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma. In giving this consent, I recognize and understand that, in situations where the named minor requires immediate medical or hospital care, it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment, in such situations. I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and assess the incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for the health and safety of the before mentioned minor.

Emergency Contact: _____ Relationship: _____

Phone: _____ Authorization given for: _____ (child's name)

Signature: _____ Date: _____

Comments or medical information: _____

Please attach a note to this form if your camper has any known allergies or medical conditions, or is on any medication. Please note any other stresses the camper is experiencing that would be helpful for our staff to be aware of. If you are the guardian of the before mentioned child, please attach a copy of your letters of guardianship or other appropriate legal documentation proving your status as guardian.

Prescription drugs must be in their original container with the physician's directions and camper's name on it. You may send over the counter drugs for the camper's use while at camp. State law requires all medication to be kept in the infirmary and dispensed by the medical staff. Campers may not keep medications with them.

For administration of non-prescription medications such as ibuprophen, cold & allergy pills, etc. to your child when necessary, please sign here:

Signature: _____ Date: _____

Section 7: Application Approval

This application has my approval. I understand that the director has the right to dismiss my child from camp, if necessary. I warrant that I have the right to authorize the foregoing and do hereby agree to hold the LCCC organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

I further agree that, in the event that my child or I should make any claim against the LCCC organization for damages arising out of its planned programs, activities, or sports, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

My insurance, listed above, will cover any accident my child may incur. I further understand that Lariat Creek Christian Camp reserves the option to reject this application at any time. I will add a \$15 fee if this application is mailed late or brought on the first day of camp.

I have read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Parent/Guardian Signature: _____ Date: _____