

CAMPER REGISTRATION FORM (Side 1)

Please complete and return this registration and health form along with your \$30 non-refundable deposit to:

Pine Lake Fellowship Camp
10371 Pine Lake Road, Meridian, MS 39307

Contact Information

Full Name: _____ Boy ___ Girl ___

Age when at camp _____ Birthday _____

Parent or guardian _____

Address _____

City _____ State _____ Zip _____

Parent/guardian phone #(s): (____) _____ hm/wk/cl

(____) _____ hm/wk/cl (____) _____ hm/wk/cl

Parent Email Address _____

Camper Email Address _____

May we send your confirmation through email rather than the U.S. Postal Service? YES / NO

Home Church _____

Emergency Contact (other than parent)

Name _____ Relationship _____

(____) _____ hm/wk/cl (____) _____ hm/wk/cl

Week Attending: (Mark choice of week)

___ May 31– June 2 (Discoverers) ___ June 11-16(Seekers)

___ May 31– June 2 (Wilderness Trekkers) ___ June 18-23(Explorers)

___ June 4-9 (Trailblazers) ___ June 25-30 (Adventurers)

Name of preferred cabin mate (limit one) _____

Pine Lake Fellowship Camp is committed to seeking financial assistance for those in need. Please contact the office to find out more about camp scholarships.



Pine Lake Fellowship Camp is a Christian camp owned by Gulf States Mennonite Conference. Pine Lake does not discriminate against anyone on the basis of race, national origin or disability.



Health Record

Health Insurance Company: _____

Policy #: _____

Immunization Records:

Are campers immunizations up to date? Yes ___ No ___

Date of most recent tetanus: _____ (Should be within 10 years)

Explain any problems with bedwetting, sleepwalking, nightmares or emotional difficulties? _____

Write in the approximate age any of the following illnesses occurred:

___ measles ___ mumps ___ recent injury
___ hepatitis ___ asthma ___ hearing problems
___ diabetes ___ frequent headaches ___ chicken pox
___ appendicitis ___ chronic or recurring illness
___ infectious disease ___ seizures or fainting spells
___ heart trouble/high blood pressure

___ physical problems during or after exercise

Please explain item checked: _____

List all know allergies (medication, food, insect stings, etc.)

****Please send current information on medication and health along with camper when he or she comes to camp.**

Please read, discuss and sign this statement with your child:

I desire that my child participate in the full camp program and all activities unless I advise Pine Lake Fellowship Camp otherwise in writing. In the event that my child's behavior is deemed unacceptable by camp personnel, I understand that he or she may be sent home without refund. The possession and/or use of alcohol, tobacco products, or illegal drugs will result in dismissal. I agree that having taken such precautions as Pine Lake Fellowship Camp Inc.'s discretion deems advisable, Pine Lake Fellowship Inc., its officers, servants or assigns, shall not be held responsible in damages for any accident or sickness involving my child. Sign below to accept this statement.*

I give permission for Pine lake Fellowship Camp to use photographs and/or video production in promotions for camp via brochures, website, etc. Check no if you do not want your child used in promotional material. ___ **No**

In an emergency, I hereby give Pine lake Fellowship Camp permission to secure adequate medical care for my child named on this form. I also acknowledge that the information on this paper is correct.

*Signature

*Date