



PINE LAKE FELLOWSHIP CAMP

10371 Pine Lake Road, Meridian, MS 39307

To register online, visit www.pinelakecamp.com

Office Use Only:

Postmark Date: _____

Amount Paid: _____

Scholarship: _____

Amount Owed: _____

2022 Summer Camp Registration Form

Sign, date and mail this registration form with your \$60 non-refundable deposit to the address above.

Camper's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB ___/___/___
Address: City/State/Zip:		Phone Numbers Primary phone # (_____) _____ Alternate phone # (_____) _____ Alternate phone # (_____) _____	Please Check One <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian
Parents(s)/Guardian Name		Parent/Guardian Email	

Please Mark a Session

Camp Dates	Group	Age Group	Cost*	Cost
Overnight Camps:				
___ June 2-4	Discoverers	Ages 7-12	\$120	\$150
___ June 6-10	Seekers	Ages 8-10	\$190	\$230
___ June 13-18	Explorers	Ages 10-12	\$215	\$255
___ June 20-25	Adventurers	Ages 12-14	\$215	\$255
___ June 27-July 2	Trailblazers	Ages 15-17	\$215	\$255 *Postmarked by May 1 st
<i>Please note: The actual cost per camper is over \$285. Any contributions toward the full amount are appreciated.</i>				
Day Camps: (drop off: 8:30 – 9am; pickup: 5 – 5:30pm)				
___ June 6-10	Day Camp One	Ages 6-12	\$145	\$165
___ June 13-17	Day Camp Two	Ages 6-12	\$145	\$165
___ June 20-24	Day Camp Three	Ages 6-12	\$145	\$165 *Postmarked by May 1 st
___ Early drop off for Day Camps - 7:30am drop-off is available for an additional \$25/week.				

Emergency Contact (other than parent/guardian)	
Name: _____	Relationship to Camper: _____
Primary phone # _____	Alternate phone # _____
Authorized Pickup List (Note: Parent/guardian(s) and emergency contact listed above are assumed authorized to pick up camper.)	
1. Name: _____	Relationship to Camper: _____
Primary phone # _____	Alternate phone # _____
2. Name: _____	Relationship to Camper: _____
Primary phone # _____	Alternate phone # _____
Name of preferred cabin mate: (limit one)	
Home Church:	If you have more than one child of the <u>same gender</u> attending the same week, do you want them to be in the same cabin? YES NO
School:	
Free t-shirt if postmarked by April 1, 2022 Circle t-shirt size: YS /YM /YL /AS /AM /AL /AXL /AXXL	
Health Insurance Company	Are camper's immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy#	Date of most recent tetanus: (should be within 10 years)
Explain any problems with bedwetting, sleepwalking, nightmares, or emotional difficulties:	

Please check if your child has/had any of the following: _____ physical problems during/after exercise
 _____ measles _____ mumps _____ recent injury _____ hepatitis
 _____ diabetes _____ chicken pox _____ appendicitis _____ hearing problems
 _____ asthma _____ frequent headaches _____ infectious disease _____ ADD/ADHD
 _____ chronic or recurring illness _____ heart trouble/high blood pressure _____ seizures or fainting spells

Explain any that were checked _____

ALLERGIES

For each allergy your child has, please describe the following: 1) the substance (food and/or drug) that causes the reaction, 2) the type of contact that triggers the reaction, 3) the reaction, and 4) any other pertinent information.

Cancellation Policy

Cancellation 5 days or less from the start date of camper's week will result in the loss of full payment.

Release/Waiver/Indemnity Agreement

1. The undersigned does hereby release, discharge, indemnify, and hold harmless Pine Lake Fellowship Camp, Inc. (PLFC), its employees, members, volunteers, Board of Directors and all of their parent and affiliated organizations and all of their officers, directors, members, participants from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my participation in, and attendance at PLFC summer camp and/or related facilities, including all claims or demands for death or injury to me, or any damage to, or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise.
2. This Waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the summer camp program. **THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING.** The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release, and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. The UNDERSIGNED expressly acknowledges and agrees that the activities of this program involve the potential risk of injury and/or death and/or property damage. The UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Mississippi and that if any portion hereof is held invalid, it is agreed upon that the balance shall, notwithstanding, continue in legal full force and effect.
3. I believe my child is able to attend camp and participate in all activities, except as otherwise noted. 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.
4. Permission to treat: I hereby affirm that my child, named on reverse, is insured against injury and illness. I hereby give PLFC permission to administer over the counter medication. I hereby give PLFC permission to secure proper medical treatment for my child including, but not limited to, hospitalization, IV therapy, anesthesia and surgery. I also agree to assume obligation for any expenses incurred.
5. I authorize use of photos or videos of my child at camp for promotional purposes. To deny this permission, please initial the following statement: "I DO NOT grant permission for Pine Lake to use photos or videos of my child for promotional purposes. _____"
6. I expressly understand and agree that participating in Pine Lake Fellowship Camp's summer camp program presents known and inherent risks regarding potential and/or actual infection of COVID-19 and any other communicable diseases. I understand that I am responsible for evaluating the risks that my child may face. By signing below and allowing my child to engage in any Pine Lake Fellowship Camp activities, I have assumed the risk.

I have read, understand, and agree to the above statements.

Parent/Guardian:

Printed Name

Signature

Date: _____

ALL INFORMATION MUST BE COMPLETED OR THE REGISTRATION WILL NOT BE PROCESSED.

Please visit www.pinelakecamp.com for additional copies of this form, FAQ, and other information.