Laurel Lake Camp
Summer 2020
Camper Application

Weeks:

_______ Adventurer Camp  June 21 – June 28  Age: 7-9
_______ Junior Camp       June 28 – July 5    Age: 10-12
_______ Tween Camp        July 5 – July 12    Age: 12-14
_______ Teen Camp         July 12 – July 19   Age: 14-17

Circle one:  Regular Camp (stay in cabin)  or  Day Camp (stay at home)

Class Selection: Please rank the following class choices from 1 – 8 (1 is the best choice, 8 least favorite)

Archery   ______  Arts & Crafts  ______  
Canoeing  ______    Ceramics       ______  
Mtn. Biking * ______  Guitar  ______  
Horses $$    ______  Digital/Video Photography  ______  
Go-Karts    ______  Lake Activities +  ______  
Nature     ______  Sports Activities  ______  
Swimming ______  Model Rockets/Pinewood Derby  ______  
Wilderness Survival ______  RC Cars * ______  

$5 Additional $25 fee for this course  *Only offered Junior, Tween, Teen  
+ Includes water totter, iceberg, blob, and aqua jump.

Transportation Fee: [Circle your selection]  $50 – Roundtrip  $30 – One-Way
Blue Mountain Academy – TO FROM ROUNDTrip
Harrisburg Church – TO FROM ROUNDTrip

Discounts Available:
- Family: Immediate family members get $15 off each  
- Second Week: Spend a 2nd week and save $25.
- Early Bird: Register by April 15th for $15.

Financial:

__________________ Camp Fee  (All camps $330/week-Day Camp $280/week)
__________________ Activity Fee  ($25 Horses)
__________________ Camp Store ($15-25 – suggested)
__________________ Transportation Fee ($50 – Roundtrip, $30 – One-way)
__________________ Total Charges
__________________ Total Discounts
__________________ Total Due

*$50 Non-Refundable Deposit due at the time of registration in order to process your application.
Make checks payable to: PA Conference of Seventh-day Adventists
Camper’s Name __________________________ Session Attending: __________________

Health Record

Physician’s Name: ___________________ Physician’s Phone: ___________________

Health Insurance Company: _____________ Policy Number: _______________________

Name of Insured: ______________________ Relation: ____________________________

**Please include a current copy of the camper’s insurance card.

Immunizations: List the most current booster.

- Tetanus: _______  Hepatitis B: _______  MMR: _______  Polio: _______

Restrictions: Are there any dietary, activity or other restriction that apply to this person?
________________________________________________________________________________________

Medication: Does this camper routinely takes medication? __________

If so, list medicines and dosages: __________________________________________________________

*Be sure to bring all medicines with the camper to camp.

Is the person allergic to the following:  □ Drugs  □ Animals  □ Plants  □ Foods  □ Insects  □ Other

Please explain any marked items: ___________________________________________________________
________________________________________________________________________________________

Health History: Has the person every suffered from - □ Asthma  □ Convulsions  □ Fainting

□ Bedwetting □ Diabetes □ Heart Trouble □ Stomach Upset □ Other

Please explain any marked items: ___________________________________________________________
________________________________________________________________________________________

It is the policy of Laurel Lake Camp that we only release campers to people that you approve of. Please list those individuals that you grant permission to pick-up your child:
________________________________________________________________________________________
________________________________________________________________________________________

**We will only release a camper with written approval from you.**

In case of emergency, I hereby give permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, x-ray, anesthesia or surgery for my child. I also give permission to the camp nurse/caregiver to administer over the counter drugs to my child as necessary. The health history stated is correct so far as I know. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photo copied for use out of camp.) As parent or legal guardian of the applicant, I am in favor of him/her attending Laurel Lake Camp, participating in all activities unless otherwise specified and accept the conditions named. I hereby release the Pennsylvania Conference Association and Laurel Lake Camp and its employees from liability in case of accident or illness. I support the policies of Laurel Lake Camp and the camper agrees to abide by these policies. I also give permission to Laurel Lake Camp to use slides, photographs or video taken of the applicant during this camping season for the purpose of advertisement or as otherwise needed. This application will not be processed without the agreement to these terms. As the applicant, I agree to abide by all camp regulations and policies and to uphold its objectives.

Camper’s Signature: ___________________________ Date: ________________

Parent’s Signature: ___________________________ Date: ________________

Mail to: Laurel Lake Camp, 76 Lodge Rd., Rossiter, PA 15772