

Application for Lylewood Christian Camp

Mail to Lylewood Christian Camp
PO Box 476, Clarksville, TN 37040

This form is submitted in order to reserve a space for your child at Lylewood Christian Camp for the session(s) checked below. No money is required at this time, but payment in full is due at time of arrival at camp.

CAMPER INFORMATION

First name _____ Last name _____ MI _____
Male Female Preferred name _____ Birthday _____ Age at time of camp _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Is this your first time to attend Lylewood? Yes No

Father or Male Guardian Information

Name _____
Address _____
City _____ State _____ Zip _____
Home phone _____
Cell phone _____
Email _____
Does camper live with this person? Yes No

Mother or Female Guardian Information

Name _____
Address _____
City _____ State _____ Zip _____
Home phone _____
Cell phone _____
Email _____
Does camper live with this person? Yes No

Emergency Contact (other than parent)

Name _____ Relationship _____ Phone _____

Pick-Up Authorization/Custody Restrictions

Please list authorized persons to pick up your child other than parents. List anyone who should not have contact with your child.

Sessions

Please choose the session below. A new application must be completed for each session your child attends.
Please visit the camp web site at www.lylewood.org for current sessions and dates.
Your child must attend the session for the grade most recently completed.

Spring Retreat Middle/High School Elementary School
Summer Middle School High School Elementary School
Fall Retreat Middle/High School Elementary School

Cost

Retreat \$45.00 Summer \$140.00

By signing this application, you give permission for your child to participate in all camp activities, unless otherwise specified in writing. You certify that your child will follow all camp rules and regulations. You also agree that you are responsible for all expenses in case of medical emergency or injury. You also give permission for your child's photograph to appear in camp information, including the web site and social media.

Printed Name or Parent/Guardian

Date

Signature of Parent/Guardian

Camper Name _____

Health Information

ALLERGIES

Please list all known allergies; describe reaction and treatment:

Medication

Food

Other (including insect stings, mold, seasonal, etc.)

HEALTH HISTORY

Is your child under the care of a health professional for any chronic medical or psychiatric condition? Yes No

If yes, please describe:

MEDICATION

Does your child take prescription or over-the-counter medication on a regular basis that should be administered at camp?

Yes No

Medications sent to camp must be in original bottle with prescriber's name and contact information. Dosage information must be clearly printed on the bottle. All medications (including OTC) must be turned in to the camp nurse for administration.

Medication _____ Dosage _____

To be taken at Breakfast Lunch Supper Bedtime Other _____

Reason for taking

Medication _____ Dosage _____

To be taken at Breakfast Lunch Supper Bedtime Other _____

Reason for taking

Medication _____ Dosage _____

To be taken at Breakfast Lunch Supper Bedtime Other _____

Reason for taking

Medication _____ Dosage _____

To be taken at Breakfast Lunch Supper Bedtime Other _____

Reason for taking

You authorize staff of Lylewood Christian Camp to administer these medications to your child as instructed.

Signature of Parent/Guardian

Date

Camper Name _____

Over-the-counter medications may be available for your child to take as needed. All OTC medications will be administered by camp staff and at doses specified on the medication label. Please check the medications you authorize to be given during camp:

Tylenol/Acetaminophen Pepto Bismol Sunscreen
Advil/Ibuprofen Benadryl

Basic first aid will be administered by camp staff. Topical treatments may be used as necessary. Please check the treatments you authorize to be given during routine first aid:

Neosporin Rubbing Alcohol Hydrogen Peroxide
Calamine Lotion Bactine Aloe Vera

RESTRICTIONS

List any restrictions or medical conditions not previously noted that may restrict your child's participation in camp activities.

HEALTH INSURANCE

Camper's must be covered by health insurance. Please provide a copy of your child's health insurance card if available.

Policy Holder _____ Policy Holder Date of Birth _____
Address _____ Relationship to Camper _____
City, State, Zip _____ Occupation _____
Policy Holder's Employer & Address _____
Insurance Company & Address _____
Policy Number _____ Group Number _____

If the camper is not covered by insurance, the legal parent(s) or guardian(s) are financially responsible for all transportation, evaluation and treatment costs due to illness or injury.

In case of medical emergency requiring treatment from a licensed medical provider or facility, parents/guardians will be contacted and must accompany the camper to receive treatment.

LIABILITY RELEASE

As my child's attendance at Lylewood Christian Camp is a privilege, I hereby release Lylewood Christian Camp, including its trustees, board of directors, and volunteer staff from my child's physical injury, including death or illness while at camp. I will assume the risk associated therewith, whether known or unknown, to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns. By signing below, I warrant that my child is physically and mentally able to participate in all camp activities, unless specifically noted elsewhere in this application.

This release must be signed by the camper's legal parent/guardian for the camper to attend Lylewood Christian Camp

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian