

# 2021 Summer Camp Student Form

## June 7th – 11th Cost \$225

Twin Lakes Campground  
300 Bayou Clear Road  
Woodworth, LA 71485

### Camper Information

Name \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Any medical facts we should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Insurance & Emergency Contact Information

(Please note camper's personal insurance is PRIMARY. Camp insurance is SECONDARY)

Applicant's Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

Emergency contact address \_\_\_\_\_

## Authorizations

### Liability Waiver

I give permission for my child to participate in all camp-related activities. I give my consent for the camp first aid personnel or other appointed authority to administer proper medication and/or treatment as needed. In the event I cannot be notified of necessary emergency surgery or other medical treatment for my child, I give my permission for the attending physician to treat my child in the manner he/she recommends.

I also understand participants are liable for damage caused intentionally or maliciously. Damage caused by a participant will be directly to the participant responsible and their legal guardian.

I also give permission for photos (individual or group) & video footage to be taken of my student at this event, to be used in the best interest of Louisiana Youth Ministries, as well as the Louisiana District Council of the Assemblies of God.

I understand, for the safety and protection of the registered participants, this camp is a closed campus event. NO guests will be allowed on the grounds without prior approval from the Louisiana Youth Ministries Director.

### Liability Waiver Consent

Yes

No

### Camp Agreement

I acknowledge that I have read the Camp Guidelines and I understand that my signature below signifies that I am in agreement with its contents. I understand that should I be sent home for breaking the camp rules, I will not receive a refund (full or partial). I also understand that I will be informed of other camp rules upon arrival, and should I break any of those rules and the resulting discipline warrant it, I will be dismissed from camp without refund. I understand that LYM Camp is a volunteer activity. I am willing to cooperate with the overall spirit and schedule of this event.

### Camp Agreement Consent

Yes

No

Please bring attached medical form to camp completed

**Paid** \_\_\_\_\_