

Lake Springfield Baptist Camp 2022 Registration Form

Camper Name: _____

Home Address: _____ City: _____ State _____ Zip: _____

Birthdate: ____ / ____ / ____ Age: _____ Gender: Male Female

Grade just completed (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12

Parents Name(s): _____

Home Address: _____ City: _____ State _____ Zip: _____

Phone: _____ E-Mail: _____

(Please provide a valid e-mail address for registration confirmation and periodic updates AND a phone number at which you can receive automated group voice mail messages. The phone system will be used to convey messages just prior to and during camp.)

Emergency contact:: _____

Phone: _____ E-Mail: _____

I am registering for: (select only one camp—fill out additional forms if camper will attend more than one camp)

___ Family Camp: June 10-12, all ages, \$65 ___ Girl's Retreat: June 19-21, gr 6-12, \$95 ___ Pre-K Day Camp: July 2, 3-4 & K, \$40

___ Sports Camp: Jun 13-15, gr 6-12, \$95 ___ Middler: June 22-25, gr 1-4, \$145 ___ Senior High: July 10-16, gr 9-12, \$285

___ Slumber Party: Jun 16-17, gr K-5, \$60 ___ Gamer: June 26-28, gr 6-12, \$95 ___ Junior High: July 17-23, gr 6-8, \$285

___ Day Camp: June 18, gr K-5, \$40 ___ Fine Arts: June 29-July 1, gr 6-12, \$95 ___ Junior Camp: July 24-30, gr 4-6, \$285

Camper Health Information

Are immunizations up to date: YES NO

Are there any activities from which camper should be restricted? _____

Are there any behavioral, chronic medical or other conditions that will require special medication while at camp? Please describe:

Will camper bring any medication that must be taken while at camp? YES NO

IF THE ANSWER TO THE ABOVE IS YES, PLEASE COMPLETE THE MEDICATION DOSAGE FORM AND INCLUDE IT WITH CAMPER'S MEDICATIONS IN A CLEAR ZIP-TOP BAG WHEN ARRIVING AT CAMP.

If necessary, do you consent to camp staff administering Ibuprofen or Acetaminophen to your camper? YES NO

List any allergies (bees, peanuts, dairy, etc.): _____

Name of physician: _____ Physician's phone # _____

Medical insurance company: _____

Policy # _____ Name of policy holder/insured _____

RELEASE OF LIABILITY AND CONSENT TO TREATMENT

I, as the parent or legal guardian of the registered camper who is currently under the age of 18, am aware of, recognize and acknowledge the risks involved in participating in camp activities and warrant or represent that my child is physically fit and capable of participating in these activities. On behalf of my child, I hereby 1) waive, release and discharge Lake Springfield Baptist Camp, its officers, agents, employees and volunteers from any and all liability, damages, claims, demands, losses, or causes of action of any and every kind, including death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to my child arising out of camp activities or activities preliminary or subsequent thereto; b) indemnify and hold harmless the Camp, its officers, agents, employees and volunteers from and against any and all liabilities, damages, claims, demands, losses or causes of action made by other individuals or entities as a result of any of my child's involvement in or actions during camp; and c) assume full responsibility for the risk of bodily injury, death, disability, or property damage arising out of or related to the above described activities, whether caused by my child's negligence or otherwise.

In the event of accident, injury or illness involving my child, under any circumstances where camper is unable to consent or parent is not present, I hereby voluntarily authorize and consent to furnishing such medical care, attention and treatment by any hospital, physician, or dentist as such hospital, physician or dentist may deem necessary or advisable, including any anesthetic, medical or surgical diagnosis or procedure. I authorize the camp manager or persons authorized by the camp manager to consent to such medical care and treatment. I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care provider. I accept responsibility for any medical bills incurred as a result.

INITIAL: _____

COVID SELF CERTIFICATION

Parents/Guardians will verify prior to bringing a camper to Lake Springfield Baptist Camp that their camper is not experiencing any of the following COVID-19 symptoms: Temperature of 100.4 degrees or greater, Cough, Chills, Shortness of breath or difficulty breathing, New loss of taste or smell, Muscle and body aches, Fatigue, Sore throat, Headache, Congestion or runny nose, Nausea and/or vomiting, Diarrhea, Any other COVID-19 symptoms identified by the Centers for Disease Control(CDC) or IDPH.

If a camper is experiencing any of the above symptoms within 5 days prior to being checked in at camp, parent/guardian agrees that camper will not attend camp. Parent/guardian should notify camp staff so that an alternate camp session may be chosen or a refund issued.

INITIAL: _____

CAMPER PHOTO RELEASE

I agree that photos of my child can be taken and used for camp social media purposes: YES NO

ACCESS EASEMENT NOTIFICATION

The entrance to Lake Springfield Baptist Camp, 5878 Iron Bridge Road, Chatham, Illinois, is an easement granted to us by neighboring landowners. As such, those landowners have established a speed limit of 10 miles per hour on the lane to the camp. Additionally, the landowners have erected speed bumps and placed other traffic control devices on the lane. By initialing below, I acknowledge that I am aware of the speed limit and traffic control devices and will comply with such directives when entering and exiting the camp. In the event my child is dropped off or picked up by someone else, I agree to make that person(s) aware of the speed limit.

INITIAL: _____

IMPORTANT: DO NOT send this form to Lake Springfield Baptist Camp. This is for internal church use only. Use the information on this form to complete online registration for each camper. Payments should be made online or mailed to:

LSBC, PO Box 556, Chatham, IL 62629.

Please note on checks which camper(s) fees are to be credited.