



# Loucon Training & Retreat Center

## Loucon's Summer Camping Program Camper Registration Form (1 of 4)

**To Register:**

1. Fill out registration form and sign (both parents and campers). You may also register online at [www.loucon.org](http://www.loucon.org). You must pay a portion by credit card if you register online. Discounts must be mailed.

2. Mail completed registration and \$45.00 deposit to the address in the upper right hand corner. (Make checks payable to Loucon Training & Retreat Center. Registration must be received 10 days before the start of the camp. The full amount will be due May 15th, and any registrations made afterwards must pay in full. Refunds are available upon request more than 5 days before the camp begins, less a \$20 non-refundable administration fee. A change of camp date or cabin mate preference after registration processing must be in writing and requires a \$10 re-processing fee.

Camp Loucon  
 8044 Anneta Road,  
 Leitchfield, KY 42754  
 Phone: 270-242-7160  
 Fax: 270-242-7313  
 Info@Loucon.org  
[www.loucon.org](http://www.loucon.org)  
 "A Ministry of the Kentucky Conference  
 of the United Methodist Church"

**Family Information**

Parent/Legal Guardian 1	Parent/Legal Guardian 2	Family Address
Title	Title	
(Mr./Mrs.)	(Mr./Mrs.)	Street
Last Name	Last Name	City
First Name	First Name	State
Home Phone ( )	Home Phone ( )	Zip
Work Phone ( )	Work Phone ( )	
Cell / Pager ( )	Cell / Pager ( )	
E-mail	E-mail	

**Emergency Contact Information (other than parents)**

Contact 1	Contact 2	Other info
Last Name	Last Name	Fax # ( )
First Name	First Name	Summer phone:
Home Phone ( )	Home Phone ( )	( )
Work Phone ( )	Work Phone ( )	parents will be contacted before the emergency contact
Cell ( )	Cell ( )	

**Church Information**

Church Name	Minister's Name
Church Address	District (if United Methodist)
City	State      Zip

**Please Note:** If church is paying for all or part of the camper's fee, please have a church official fill out the information below (in addition to what you have already included). If this section is not completed, the parent/guardian will be responsible for the remaining balance upon the camper's arrival.

**Church Payment Information**

Amount church is paying: \_\_\_\_\_

Signature of Minister or Church officer: \_\_\_\_\_

**Please Note:** For the church payment option to work all of the church information listed above must be filled out in addition to the total amount the church will pay and the signature of a church official.

**Loucon's Summer Camping Program Camper Registration Form (2 of 4)**

**Camper Information**

**Camper Profile**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (circle one) Male Female

Grade entering in the fall \_\_\_\_\_ School \_\_\_\_\_

Camper's E-mail \_\_\_\_\_ Shirt Size (circle one) Child: M L Adult: S M L XL XXL XXXL

Cabin Mate Request (Only one per camper) \_\_\_\_\_

**Camper Medical Information**

Health Insurance \_\_\_\_\_

Dr.'s Name \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

**Camper Medical Questions**

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Camper sleeps through the night.	<input type="checkbox"/>	<input type="checkbox"/>	Camper is afraid of water sports.	<input type="checkbox"/>	<input type="checkbox"/>
Camper is afraid of the dark.	<input type="checkbox"/>	<input type="checkbox"/>	Camper likes the water.	<input type="checkbox"/>	<input type="checkbox"/>
Camper has allergies.	<input type="checkbox"/>	<input type="checkbox"/>	Has girl menstruated?	<input type="checkbox"/>	<input type="checkbox"/>
Camper is on medications.	<input type="checkbox"/>	<input type="checkbox"/>	Has she been told about menstruation?	<input type="checkbox"/>	<input type="checkbox"/>
Camper is afraid of heights.	<input type="checkbox"/>	<input type="checkbox"/>			

**Allergies, Medications, Etc.**

List all camper allergies \_\_\_\_\_

List all camper medications & their purposes \_\_\_\_\_

Other medical information that will help us better serve your child \_\_\_\_\_

Note: All medications brought to camp are handled by the Camp Health Care Provider.

**Camp Session Registration Section**

**First Choice Camp**

Camp Name \_\_\_\_\_

Camp Dates \_\_\_\_\_

**Second Choice Camp**

Camp Name \_\_\_\_\_

Camp Dates \_\_\_\_\_

Circle years attended camp: 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for other campers? Does your camper require special accommodations? \_\_\_\_\_

**Reservations will not be confirmed until registration form, with deposit, has been received by the Loucon office.**

**Confirmation letters will be e-mailed / mailed to both parent (and guardian) and camper to confirm your reservation.**

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs including my child in camp publicity and on Loucon's web page and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I realize that children at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over the counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to my child. I agree to submit my insurance claims to my insurance carrier first and will only use Loucon's insurance plan as a secondary insurance. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below.

Camper's Name \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I understand the above permission form, agree to it, and I will cooperate with the program and policies of the Loucon Training & Retreat Center (Camp Loucon).

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_



**Loucon's Summer Camping Program Camper Registration Form (4 of 4)**

**Loucon's Camper Health History / Medical Release Form**

The information is important to enable Loucon to provide the best possible care and experience while your camper is at Loucon. It will not be utilized to treat your child differently...we provide the same loving experience for all. Please complete the following additional information:

Camper Name: \_\_\_\_\_ Camp(s) Registered for: \_\_\_\_\_

1. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

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

2. Give a record of past treatment:

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

3. List a record of the camper's immunizations including date of last tetanus shot:

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

4. Provide a record of any allergies that the camper may have, and list medications they take:

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

5. Provide a record of any dietary restrictions the camper may possess:

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

6. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

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

**Note: All medications brought to camp are handled by the Camp Health Care Provider.**

Are you generally in good health and able to participate in all normal camp activities? Yes \_\_\_\_ No \_\_\_\_

Most Recent Physical Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the above information is correct and give permission for the release of medical records for insurance purposes in case of illness or accident.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

If there are changes or additions to the information listed above before your arrival at camp, please call to inform us at 270-242-7160.

**Notes for Deregistration:**

For Office Use Only: \_\_\_\_\_

Camp Registered In: \_\_\_\_\_ Church paid: \_\_\_\_\_

Method of payment: \_\_\_\_\_ Church owes: \_\_\_\_\_

Deposit/Payment Date: \_\_\_\_\_ Parent Paid: \_\_\_\_\_

Check or Credit Card # \_\_\_\_\_ Parent owes: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Other: \_\_\_\_\_

Notes:

Buddy Assigned to Vacationer: