

# Loucon Training & Retreat Center

8044 Annetta Road, Leitchfield, KY 42754  
(270) 242-7160

[Info@Loucon.org](mailto:Info@Loucon.org)

*“A Ministry of the Kentucky Conference of the United Methodist Church”*

## ADULT CAMP REGISTRATION FORM

To Register:

1. Fill out the registration form (**3 pages**) and sign (**both spouses**). At this time online registration is not available for marriage enrichment.
2. Mail the completed registration form and the \$99 registration fee to the address in the upper left-hand corner. (Make checks payable to **Loucon Training & Retreat Center**) **It must be received 10 days before the start of the retreat.** Refunds are available upon request more than (5) days before the retreat begins, less a \$10 non-refundable administration fee.

Camper's Information					
Adult Camper		Spouse (if also attending)		Address	
Title (Mr./Mrs./...)		Title (Mr./Mrs.)		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone		Home Phone		Zip	
Work Phone		Work Phone		<b>Note:</b> You only need to repeat that information that is different from your spouses as you fill in the categories for the couple's information.	
Cell / Pager		Cell / Pager			
E-mail		E-mail			
Emergency Contact Information					
Emergency Contact 1		Emergency Contact 2		Other Helpful Information	
Full Name		Full Name		Fax Number	
Relationship		Relationship			
Home Phone		Home Phone			
Work Phone		Work Phone			
Church Information					
Church Name		Church Pastor's Name			
Church Address		District (If United Methodist)			
Church City		<b>Remember:</b> Please Share the Information about this special retreat with your Church!			
Church State					
Church Zip					
Roommate Request				If registered w/your spouse you will be automatically roomed together.	

### Camper's Medical Information

Adult Camper			Spouse (if also attending)		
Date of Birth			Date of Birth		
Gender (circle one)	Male	Female	Gender (circle one)	Male	Female
List all Allergies			List all spouse's Allergies		
List all medications & their purposes			List all medications & their purposes		
Other information that will help us better serve you			Other information that will help us better serve you		
Health Insurance			Health Insurance		
Doctor's Name			Doctor's Name		
Doctor's Phone			Doctor's Phone		

**Note:** Adults are responsible for all medications brought to camp.

Please List any special dietary needs		Please List any special dietary needs	
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**Reservations will not be confirmed until the Loucon office has received registration form, with the registration fee. Confirmation letters will be mailed out to confirm your reservation.**

In signing this registration form, I hereby certify that the above information is correct and give permission for the use of photographs including myself 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 I may be transported for special activities in the camp van. I realize that people on retreat 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 me as proper treatment as deemed necessary for minor ailments. I realize that people on retreat can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to myself. 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 my spouse.

Printed name of Adult Camper	Signature of Adult Camper	Date
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Printed name of Spouse (if attending)	Signature of Spouse (if attending)	Date
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<b>For Office Use Only:</b>			
Method Of Payment:		Check #:	
Amount Paid:		Amount Owed:	
<b>Notes:</b>			

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

Please complete and turn into Loucon either prior to camp or on the start day of camp. This is the first time you have received this 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:

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2. Give a record of past treatment:

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

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

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

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

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**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.

Adult Camper Signatures \_\_\_\_\_ 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.