


Register online at [www.Loucon.org](http://www.Loucon.org)

## CAMPER REGISTRATION FORM

### To Register:

1. Fill out registration form (**3 pages**) 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 left 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 15<sup>th</sup>**, 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  
[Info@Loucon.org](mailto:Info@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 (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	( )		
Cell / Pager	( )	Cell / Pager	( )		
E-mail		E-mail			
Emergency Contact Information (other than parents)				Other Helpful Info	
Contact 1 Full Name		Contact 2 Full Name		Family/Work Fax #	( )
Contact 1 Relationship		Contact 2 Relationship		Summer Phone	( )
Contact 1 Home #	( )	Contact 2 Home #	( )	Parents will be contacted before the emergency contact.	
Contact 1 Work #	( )	Contact 2 Work #	( )		
Contact 1 Cell #	( )	Contact 2 Cell #	( )		
Church Information					
Church Name		Minister's Name			
Church Address		District (if United Methodist)			
Church City		<b>Please Note:</b> 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 State					
Church Zip					
Church Payment Option					
<b>To Be Filled Out By Church</b>			<b>Rush—Limited Space Available!</b>		
Amount Church is paying:		Signature of Minister or Church Officer:			
<b>Please Note:</b> 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.					



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?

**MONEY CARDS: anyone wanting to pay in advance for money cards may include this payment with their camper fees.**

Campers use their money cards to purchase snacks and merchandise during their canteen time at camp. It is our hope that this will cut down on registration times. We suggest \$2 cards for Mini campers, \$5 cards for Discovery campers, and \$10 cards for 5 or 6 day camps. You may send more money, however \$20 is the maximum that any camper should have. Campers or parents may purchase merchandise for the campers at the beginning or end of camp if there is something of interest to the camper. Money left over after the week may be refunded at the canteen or office in dollar increments. Anything under a dollar will go into the camper scholarship fund.

<b>Amount for Advanced Money Card:</b>	\$____.____	<b>Camp Picture (\$2.00 donation)</b>	\$____.____
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**Donations:** anyone wanting to give a tax deductible donation to the ministry of Loucon may add that amount to your registration fees

<b>Amount for Donation to Loucon:</b>	\$____.____	<b>Amount for Donation to Heifer International</b>	\$____.____
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**If you are planning to have your child arrive/depart camp with persons other than yourself, please complete the following:** I give my consent for the person/persons listed below to be the only person/persons to transport my child to and from Loucon Training & Retreat Center. The Loucon staff will **NOT** allow my child to leave the premises with anyone other than those named below.

**Credit Card Information:** If you would like to pay by credit card please fill in the information below. Loucon accepts MasterCard, Visa, and Discover.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 digit security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Address if different from earlier info: \_\_\_\_\_

Card Type: \_\_\_\_\_ Signature for credit card authorization: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Who Can Pick Up Your Child?</b>			
Parent/Guardian #1 Name		Parent/Guardian #2 Name	
Designated Person #1		Designated Person #2	
<b>Is There Anyone Who Must Not Pick Up Your Child?</b>			
Person #1		Person #2	

X \_\_\_\_\_  
Parent/Guardian Signature Date

**TO BE SIGNED BELOW AT CONCLUSION OF CAMP:**

Camper picked up by:

\_\_\_\_\_  
Signature of Designated Person Signature of Loucon Staff Date

Notes for Deregistration:

<b>For Office Use Only:</b>			
<b>Camp Registered In:</b>		<b>Church paid:</b>	
<b>Method of payment:</b>		<b>Church owes:</b>	
<b>Deposit/Payment Date:</b>		<b>Parent Paid:</b>	
<b>Check or Credit Card #</b>		<b>Parent owes:</b>	
<b>Payment Amount:</b>		<b>Other:</b>	
<b>Notes:</b>		<b>Buddy Assigned to Vacationer:</b>	

**If Registering for Vacation Retreat then please continue your application by answering the following;**

<b>Which of the Following would describe the Vacationer (mark all that apply)</b>					
<input type="checkbox"/>	Athletic	<input type="checkbox"/>	Bashful	<input type="checkbox"/>	Self-Reliant
<input type="checkbox"/>	Doesn't stay on task	<input type="checkbox"/>	Excessively outgoing	<input type="checkbox"/>	Talkative
<input type="checkbox"/>	Follows instructions well	<input type="checkbox"/>	Frequently withdraws	<input type="checkbox"/>	Under active
<input type="checkbox"/>	Uses good judgment	<input type="checkbox"/>	Hard to get to bed	<input type="checkbox"/>	Unpredictable
<input type="checkbox"/>	Heedless of danger	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	Wanders off and may get lost
<input type="checkbox"/>	Jealous	<input type="checkbox"/>	Loves People	<input type="checkbox"/>	Writes
<input type="checkbox"/>	Moody	<input type="checkbox"/>	Overactive	<input type="checkbox"/>	Slow Moving
<input type="checkbox"/>	Popular	<input type="checkbox"/>	Reads	<input type="checkbox"/>	Temper mental
<input type="checkbox"/>	Unpopular	<input type="checkbox"/>	Very Anxious	<input type="checkbox"/>	Worrier
Other (explain):					

<b>Please indicate the Vacationer's disabilities (mark all that apply)</b>					
<input type="checkbox"/>	Vision/Sight	<input type="checkbox"/>	Mental	<input type="checkbox"/>	Physical
<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Weight
<input type="checkbox"/>	Hearing	Other:			

Use these spaces to further explain the Vacationer's disabilities:

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<b>List any devices used by the Vacationer (mark all that apply)</b>					
<input type="checkbox"/>	Braces	<input type="checkbox"/>	Hearing Aids	<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	Glasses	Others:			

Use these spaces to further explain the Vacationer's devices:

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<b>Administration of Medications</b>					
<input type="checkbox"/> Vacationer is on Medications			<input type="checkbox"/> Vacationer is NOT on Medications		
<input type="checkbox"/> Independent	<input type="checkbox"/> Independent w/reminders	<input type="checkbox"/> With Direct supervision	<input type="checkbox"/> Administered by others		
If Vacationer is on Medications please list all required medications (please include all medications and the purpose of each, times taken, dosage, and any special instructions, etc. A copy of Med. Chart should be sent along with special instructions with vacationer and please send medications in the original containers					

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<b>Is the Vacationer subject to any of the following? (mark all that apply)</b>					
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Temper Fits	<input type="checkbox"/>	Fainting Spells
<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>	Loss of Motor Control	<input type="checkbox"/>	Severe Stomach Aches
<input type="checkbox"/>	Severe Withdrawal	<input type="checkbox"/>	Emotional Reactions	<input type="checkbox"/>	Bowel/Bladder control problems
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis carrier/ type __	<input type="checkbox"/>	Tires easily
<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	Sunburns easily	<input type="checkbox"/>	Other:

Use these spaces to further explain any of the Vacationer's existing conditions;

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**Please Answer the Following Questions**

1. If the Vacationer listed any allergies please describe observable symptoms for those allergies and how best to manage them: \_\_\_\_\_

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2. We recognize the fact that Vacationers may have emotional difficulties. Please list any behavior that might indicate stress and how to help manage the behavior. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will the Vacationer adjust socially? \_\_\_\_\_  
\_\_\_\_\_

4. Is vacationer in good health and able to participate in camp activities?  Yes  No List any restrictions on physical activities: \_\_\_\_\_  
\_\_\_\_\_

5. List any dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

6. Can Vacationer carry a food tray?  Yes  No

7. Can Vacationer manage eating independently?  Yes  No

8. Can Vacationer manage their money, room key, etc?  Yes  No

9. Can Vacationer manage their personal care (bathing, hair, brushing teeth, toilet needs)?  Yes  No

Any other information you would like to share about the Vacationer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Vacationer's most recent physical exam: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Pharmacists Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**You will be notified in writing within 2 weeks regarding if you have been accepted into Loucon's Vacation Retreat Program. Thank you for choosing Loucon!**