



Camp Loucon

2019 Camper Registration Form

A minimum \$70 deposit must accompany all registrations. Save time by registering online at www.Loucon.org.

Family Information					
Camper Full Name				Camper Address	
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone		Home Phone		Zip	
Work Phone		Work Phone		Parent 2 Address (if different)	
Cell Phone		Cell Phone		Street	
E-mail		E-mail		City	
Emergency Contact Information (In addition to the parents)				State	
Emergency Contact 1		Emergency Contact 2		Zip	
Full Name		Full Name		Parental Status (Circle One)	
Relationship		Relationship		Married Divorced Single	
Home Phone		Home Phone			
Work Phone		Work Phone			
Cell Phone		Cell Phone			
Church Information					
Church Name			Minister's Name		
Church Address			District (if U.M.)		
City, State, Zip					
<p>Please Note: If the church is paying for all or part of the camper's fee you, please have a church official fill out the information below OR write in the church authorization code from your church. This section must be completed including a church representative signature or authorization code. If left incomplete the parent/guardian will be responsible for full payment. Any unauthorized users will be billed.</p>					
Church Payment Authorization					
Amount OR Percentage Church is Paying					
Signature of Minister or Church Officer					
Camper Information					
Last Name			First Name		
Likes to be called			Date of Birth		
Gender (Circle One)	Male	Female	Grade entering this fall		
School			Camper E-mail		
Shirt Size (circle one)	Child: M L	Adult: S M L XL XXL XXXL			
Camp Session Registration Section					
First Choice Camp Session			Second Choice Camp Session		
Specific Camp Dates			Specific Camp Dates		
Title of Camp Session			Title of Camp		
Additional Camp Track			Additional Camp Track		
Cabin Mate Request					
1 st Choice			2 nd Choice		
Reservations will be confirmed only upon receipt of registration form and payment.					
Camper Full Name:					

Camper Health History / Medical Release Form

Camper's Doctor		Doctor's Phone	
Health Insurance Carrier		Member ID #:	
Primary Insured Name		Group ID #:	

Dietary Needs (Mark all that apply) Special Dietary Needs (please list)

<ul style="list-style-type: none"> <input type="radio"/> Normal Diet <input type="radio"/> Normal Vegetarian Diet <input type="radio"/> Other (Vegan, Gluten Free, etc. List to the right) <input type="radio"/> Food Allergies (list below) 	
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Food Related Allergies (list & specify if Epi-pen is required) Immunizations

	Is Camper's immunization current? Y N Date of last Tetanus Shot: Other Information:
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Other Allergies (Mark all that apply, specify if Epi is required) General Health Information

<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Bee Sting <input type="radio"/> Penicillin <input type="radio"/> Sulfa Drug <input type="radio"/> Other (please list) 	Date of Most Recent Physical Exam: ____ / ____ / ____ Is Camper generally in Good shape and able to participate in normal camp activities? Y N Has female camper menstruated? Y N Has she been told about menstruation? Y N
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Please Mark all that apply & Explain "Yes" answers below

1. Hospitalization	Y	N	11. Sleepwalking	Y	N
2. Surgery	Y	N	12. Skin problems	Y	N
3. Recurrent/Chronic Illness	Y	N	13. Diabetes	Y	N
4. Recent Infectious Disease	Y	N	14. Asthma (include inhaler in med.)	Y	N
5. Recent Injury	Y	N	15. Emotional or Behavioral Difficulties	Y	N
6. Seizures	Y	N	16. ADD/ADHD	Y	N
7. Fainting/Dizziness	Y	N	17. Other	Y	N
8. Headaches	Y	N	18. Life Event that continues to impact the camper's life, i.e., divorce, abuse, etc.	Y	N
9. Diarrhea/Constipation problems	Y	N			
10. Bedwetting	Y	N			

Explanation of Yes Answers to questions 1-18

Medication Information – List all medications – All medications brought to camp are handled by the Camp Health Care Team

Medication	Dosage	Time of Day Taken	Reason for Medicine

Please list anything else that would help the staff to make this camping experience great for your child and our other campers;

If there are changes or additions to the information listed above please inform our health care provider upon your arrival.

Camper Full Name: _____

I give consent for the person/persons listed below to be the only person/persons to transport my child from Loucon. The camp staff should **NOT** allow my child to leave the premises with anyone other than those named below.

Who CAN Pick up your child?			
Parent/Guardian #1		Parent/Guardian #2	
Other designated Person		Other Designated Person	
List anyone who is NOT allowed to pick up your child			
Person # 1		Person # 2	

In signing this form, I hereby certify that all information provided to Loucon is correct and I give permission and consent for my child to participate in any and all camp activities. I certify that my child is in good physical condition for all camp activities. I give permission for the use of photographs and video including my child in camp publicity and on the website, 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 understand that the nature of outdoor camping ministries includes some risk of injury or death. 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 camp personnel. I hereby release Aldersgate, Loucon, & the Kentucky Annual Conference of the UMC from responsibility for injury to my child. I agree to submit my insurance claims to my insurance carrier first and will only use camp's insurance plan as a secondary insurance. In case of medical emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below. This completed form may be copied for transportation record.

Parent/Guardian Signature _____ Date: _____

I understand the permission form, agree to it, and I will cooperate with the program and policies of Aldersgate, Loucon & the Kentucky Annual Conference of the UMC.

Camper's Signature _____ Date: _____

Donations and camper fees				
Donation	\$ ____ . ____	Mark the Pricing Tier You are choosing to pay:		
Camp Registration Fee or Deposit	\$ ____ . ____	Tier 1 Thanks for the Help	Tier 2 True Cost	Tier 3 Pay it Forward
Total Fees	\$ ____ . ____	(A minimum \$70 deposit is required with all registrations)		
Credit Card Payment Information				
Amount to charge				
Cardholder's Name		Credit Card Type		
Expiration Date	____ / ____	Card Number		
Address (if different)		CVVS Number		
City, State, Zip (if different)		Authorization Signature		
For Office Use Only		Date		
Camp Registered to Attend				
Method of Payment		Church Amount Paid		
Check / Credit Card #		Church Owes		
Deposit/Payment Date		Parent Paid		
Payment Amount		Parent Owes		
NOTES		Other:		
Buddy Assigned to Vacationer				

Mail To: Camp Loucon
8044 Annetta Road
Leitchfield, KY 42754

Contact: Phone: 270-242-7160
Fax: 270-242-7313
E-mail: Info@Loucon.org

Website: www.Loucon.org