



Location-

Milford Bible Camp  
6451 Chestnut Street, Zionsville, PA 18092



When -Begins Sunday, July 1st, 2018

Sign in between 3:00-3:45pm

-Ends Friday, July 6th, 2018

Sign out between 2:00-3:00pm

**THEME- Jungle**

Who- LCA students and their friends entering 1st grade through 8th grade for the 2018-2019 school year. Campers don't need to be LCA students.

Why- To have a closer relationship with God, our teachers, and our friends through Bible study, prayer, sports, swimming and fun activities such as drama, nature, crafts, etc.

Types of Camp -Sleep over camp (limited space)  
-Also, day camp is available (same price)

Cost- \$200.00 per Camper for the week

Please register ASAP if you are planning to attend; this will allow us time to prepare in advance for the fun week of camp!

## **LCA Camp & Friends Camp Registration- 2018**

**Registration forms (4) needed for Each Camper**

**(registration, medical, parent consent and camper activity sign up)**

***Please copy, fill in and send to LCA w/ payment.***

Lehigh Christian Academy  
Attention: Summer Camp  
1151 S. Cedar Crest Boulevard  
Allentown, PA 18103



Name \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_ Age at camp \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Work # \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Church \_\_\_\_\_

Roommate request (same gender/age) \_\_\_\_\_

**Please check off:**

\_\_\_\_ Overnight camper for the week

\_\_\_\_ Day camper only for the week

**Day Camper Information Only:**

*Drop off time between 7:00-7:30AM*

*Pick up time- (pick up time is 6:45PM for all day campers)*

*Cost- \$200.00 check made out to LCA- In memo-LCA Camp*

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For LCA School Staff Accounting Use only

Date Registration Received \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

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# LCA Camp & Friends Medical Information and Release Form

**Each camper needs a separate form**

Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell (mom) \_\_\_\_\_ Cell (dad) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contacts name phone # \_\_\_\_\_

Campers Primary Insurance Co. \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Campers Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions (physical or mental limitations)

\_\_\_\_\_

—

\_\_\_\_\_

—

Regularly administered medications:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus

shot \_\_\_\_\_

Allergies: (check those which apply and specify nature of allergic reaction)

Foods \_\_\_\_\_

Bee/Insect stings \_\_\_\_\_

Pollen/Dust \_\_\_\_\_

Plants \_\_\_\_\_

Medicines \_\_\_\_\_

Other \_\_\_\_\_

**Parent's Authorization-** All the information provided here is accurate and true to the best of my knowledge. I give my permission for my child to engage in all camp activities except as noted. I understand that inherent in camp activities is some risk of physical injury and I release Milford Bible Camp, Lehigh Christian Academy and their volunteers from liability for injury incurred in all camp activities. In the event that I cannot be reached in an emergency, I give my permission to the medical professionals to hospitalize, secure treatment for, and order injections, anesthesia, surgery or other necessary procedures for my child. I understand I am responsible for the cost of any such medical treatment. I give permission for the Camp Nurse to dispense any prescription medications which I send with my child, as well as over-the-counter medications as needed.

**Print Parent or Guardian name** \_\_\_\_\_

**Parent or Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FORM**

As the parent(s)/guardian of \_\_\_\_\_, I/we, the undersigned acknowledge that I/we am/are the parent(s)/guardian of the above mentioned student. I/we do hereby give permission for my/our child to participate in LCA Camp & Friends week. I/we also give permission for the following over-the-counter medications to be given if needed:

\_\_\_\_\_ Tylenol (Jr. Strength) Dosage \_\_\_\_\_  
\_\_\_\_\_ Tylenol (Children's) Dosage \_\_\_\_\_  
\_\_\_\_\_ Extra Strength Tylenol Dosage \_\_\_\_\_  
\_\_\_\_\_ Benedryll Dosage \_\_\_\_\_  
\_\_\_\_\_ Tums/Rolaids

***All of these medications will be with the Camp Nurse or Mrs. Potteiger.***

For your child's protection, please complete the following information, marking the appropriate spaces:

\_\_\_\_\_ Fainting Spells    \_\_\_\_\_ Convulsions            \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Asthma            \_\_\_\_\_ Severe Allergies            \_\_\_\_\_ Other

Explanation:

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

***(If you need additional space, please use the back of this form.)***

**Parent Name (Printed)** \_\_\_\_\_

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

**Date** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

## Camper sign up for Clubs and Sport Activities

Camper name: \_\_\_\_\_ Camper age: \_\_\_\_\_

**Each camper needs to sign up for TWO sport activities:**

\_\_\_\_\_ Basketball

\_\_\_\_\_ Soccer

\_\_\_\_\_ Volleyball

**Each camper needs to sign up for ONE club activity:**

\_\_\_\_\_ Science Club

\_\_\_\_\_ Drama Club

\_\_\_\_\_ Track Club- Relays & Obstacle Courses

\_\_\_\_\_ Lego Club

**\*\*\*Parent Alert-** Any camper that is doing deliberate destruction to the Milford Park Property will be dismissed from camp without a refund.