



Location-

Milford Bible Camp

6451 Chestnut Street, Zionsville, PA 18092



When -Begins Sunday, June 30th, 2019

Sign in between 3:00-3:45 pm

-Ends Friday, July 5th, 2019

Sign out between 2:00-3:00pm

THEME- Treasure Island

Who- LCA students and their friends entering 1st grade through 9th grade for the 2019-2020 school year. Campers don't need to be LCA students.

Why- To have a closer relationship with God, our teachers, LCA alumni 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! Registration will close on **6/21/19**

LCA Camp & Friends Camp Registration- 2019

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 _____ **T-shirt size** Kids- small, med., large
State _____ Zip Code _____ Adult size- small, med., large
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 7:00-7:30 AM (Monday-Friday)

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

For LCA School Staff Accounting Use only

Date Registration Received _____
Amount Paid _____ Check # _____

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 (Fun Experiments)

_____ Drama Club (Will perform for campers only since Thursday is the 4th of July)
(No Family Night this year due to the 4th of July is on Thursday)

_____ Track Club- Relays & Obstacle Courses

_____ Lego & Beyblade Club

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