

2016 DORROH LAKE CAMP APPLICATION

Check which camp the camper will be attending:

- | | |
|---|------------------|
| <input type="checkbox"/> Boys Camp (ages 7-16) - Director Nathan Hamilton | JUNE 20-23, 2016 |
| <input type="checkbox"/> Teen Girls Camp (ages 12-16) - Director Ashley Pounds-Entsminger | JULY 5-8, 2016 |
| <input type="checkbox"/> Younger Girls Camp (ages 7-12) - Director Ashley Pounds-Entsminger | JULY 11-14, 2016 |



Camper's Name _____ DOB _____ Age _____ Gender: Male or Female (circle one)
Address _____ City _____ State _____ Zip _____
e-mail address _____ T-Shirt Size: Adult or Youth _____

CONTACT INFORMATION:

Parent/Guardian's Name _____ Home Phone # _____
Address (if different) _____ Cell Phone # _____ Work Phone # _____
Emergency Contact _____ Phone # _____

MEDICAL INFORMATION:

Does camper have any allergies that we should be aware of? If so, list them below. _____

Does camper have any medical issues that we should be aware of (bed wetting, migraines, upset stomach, diabetes, etc.)? If so, please describe the condition and how it should be handled. _____

Doctor's Name _____ Phone # _____

Insurance information _____

NOTE: All medication must be turned in to the camp director. This needs to be in a Ziploc bag with the camper's name on it, what it is taken for, and instructions. This applies for prescriptions, over the counter medications, bandages, sprays and creams. List any medications that your camper will bring to camp. _____

Medication for basic ailments (headaches, stomach aches, stings, scratches, etc.) are kept on hand and dispensed by camp director. Please list anything that your camper does NOT take and specific dosages of over the counter medications that might be needed. _____

CHURCH INFORMATION:

Church Name _____ Pastor _____
City/State _____ Phone # _____

Is camper in a children's or youth group at their church? _____ Children or Youth Minister's Name _____

Has camper already made a profession of faith? _____ Has camper ever been to camp before? _____ If Yes, where? _____

PERSONAL INFORMATION:

Is camper dealing with anything that we as a staff should be aware of (Death in family, Divorce, Bullying, Eating Disorder, Etc.)? _____

Is there another camper that you would like for your camper to be in the same group as? (Cabins are assigned by age, so camper must be about the same age to be in the same cabin.) _____

Is there anything else that has not been covered that we need to be aware of that will make camp more comfortable for your camper? _____

PLEASE READ AND SIGN:

I, _____, understand that the above camper, _____, is attending a summer camp. I will not hold DORROH LAKE BAPTIST ASSEMBLY CAMP responsible for any accidents that may occur. Dorroh Lake Staff will take all necessary precautions to prevent accidents. I also understand that the camp director will dispense medication as directed and needed. I give my permission for the above camper's photo to be taken and understand that these photos may be used for publicity reasons. I also understand that the above camper will not be physically punished for breaking any rules. If my camper continuously breaks rules, I will be asked to pick up my camper with no refund.

Signature _____ Date _____

Please return the application to the address below and keep the information sheet. If you have any questions, please call or email.