



LAKE FOREST RANCH

ADULT REGISTRATION FORM

Church Group Name		Camp Week Attending		Have you been to summer camp at Lake Forest Ranch before? Yes No	
Adult's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate	
Address					
City/State/Zip			Email		
Home Phone		Emergency/ Alternate Phone			
Do you plan to purchase an 8x10 camp picture & photoCD at camp for \$6? Yes No					
Circle T-Shirt Size: YS YM YL AS AM AL AXL AXXL					
Circle for info on other LFR events: <input type="checkbox"/> Father/ Son Fishing Retreat <input type="checkbox"/> Labor Day Weekend Family Retreat <input type="checkbox"/> Valentine's Day Wkend Couple's Retreat					

Health Information

List any known health problems		Family's Accident/ Health Insurance Carrier	
List Activity Restrictions		Policy Number	
Allergies/ Allergic Reactions (including drugs)		Address of Insurance Carrier	
Regular Medication		Approximate date of last Tetanus shot	
Any other helpful information			

Do you have children that will be attending camp as a camper? Please list their names below:

Do you have children that will be housed with you in the cabin? Please list their names and ages below:

CONSENT (Please read and sign)

"I hereby give permission for the above named camper to participate in all camp activities (including paintball for youth camps) at Lake Forest Ranch (hereafter LFR), and for LFR to authorize any hospital/ medical treatment deemed necessary by qualified health care provider for myself. I understand that if such medical treatment becomes necessary, our family health insurance will be provided to the health care provider for payment. I furthermore authorize LFR personnel, in their discretion, to use, distribute, and publish any, and all photographs, video tape recordings, and/or sound recordings from camp of myself on behalf of Lake Forest Ranch, Inc."

Signature _____ **Date** _____

Please complete and return TO YOUR CHURCH GROUP LEADER.