

Office Use Only:
 Postmark Date: _____
 Ck Amt _____ Ck# _____
 Camp _____

Lake Forest Ranch Summer Camp 2010 Individual Registration Form

Camper's Name	Registering (check one) <input type="checkbox"/> with Church <input type="checkbox"/> Individual	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate ____/____/____
Address			Email
City/State/Zip			
Home Phone ()		Emergency Phone ()	
Parents' Names (campers under 18)			

Camp Dates	Age Group	Cost	Speaker
___ May 26-30	Junior A; ages 7-11 (4 nights)	\$315	Jesse Joyner
___ May 31-Jun 4	Junior B; ages 7-11 (4 nights)	\$315	Jesse Joyner
___ June 6-11	Junior High; ages 12-14 (5 nights)	\$345	Phillip Wood
___ June 12-17	JR/SR High I; ages 12-18 (5 nights)	\$345	Steve Miller
___ June 18-23	JR/SR High II; ages 12-18 (5 nights)	\$345	Joe Shelton
___ June 24-28	Junior C (Preteen 1);ages 10-12 (4 nights)	\$315	Steve Winger
___ July 2-5	Junior D (mini camp);ages 7-11 (3 nights)	\$265	Steve Winger
___ July 6-10	Junior E ages; 7-11 (4 nights)	\$315	Steve Winger
___ July 11-17	Mission Camp Macon ages:14-21 (6 nights)	\$315	Bill Reif
___ July 19-24	JR/SR High III; ages 12-18 (5 nights)	\$345	Bill Reif
___ July 25-29	Junior F; ages 7-11 (4 nights)	\$315	Scott Humston
___ July 31-Aug 4	Junior G; ages 7-11 (4 nights)	\$295	Scott Humston

Circle T-shirt Size: YS YM YL AS AM AL AXL AXXL	Have you been to summer camp at LFR before? Yes No If yes, what year most recently? _____
Do you plan to purchase an 8x10 camp photo and photo CD for \$6? Yes No	Circle for more information on: Labor Day Wkend Family Escape Ladies Retreat Father/Son Fishing Retreat Valentine's Day Wkend Couples Retreat
List any known health problems	
List Activity Restrictions	
Allergies/Allergic Reactions (including drugs)	
Regular Medication	Approximate Date of last Tetanus shot
Any other helpful information	
Family's Accident/Health Insurance Carrier	Policy Number
Address of Insurance carrier	

PARENTAL 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 a qualified health care provider for my child. I understand that if such medical treatment becomes necessary that our family health insurance will be provided to the health care provider for payment. I also understand as parent/guardian I am responsible to pay all costs not covered by my insurance. 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 my child on behalf of Lake Forest Ranch, Inc."

Custodial Parent or Legal Guardian Signature: _____ **Date:** / /

Send registration form and \$100 deposit to: Lake Forest Ranch, 5326 Lake Forest Rd., Macon, MS 39341