

**Camp Registration Form
Lake Denton Management, Inc.
Lake Denton Camp**

lakedentoncamp.org
Directors: Phil Elders 863-634-8722

Phone: 863-453-3627
Pam Elders: 863-634-9280

Application for camp dated: _____

Date completed: _____ Church: _____

Camper Name: _____ Grade in or completed: _____

Male _____ Female _____ Birth date _____ Parent name: _____

Roommate Request: _____ Alternate choice: _____

Phone: Home _____ Cell: _____ Work: _____

Mailing address: _____ City: _____ Zip: _____

T-shirt size: _____ Email address: _____

Mail deposit &/ or payment in full to:
LAKE DENTON MANAGEMENT , INC. 790 Lake Denton Road Avon Park, FL 33825
(Deposit holds a place for your camper. Balance to be paid by or on day of arrival)
MAKE CHECK PAYABLE TO: LAKE DENTON MANAGEMENT, INC.
Please include the name of the camper on your check!!

Parents and friends who wish to come for meals-we need to know if you wish to eat with us by 10:00am each day. Love offering can be given to the cook. Please call ahead! VISITORS MUST SIGN IN!!

My child (or youth) and I understand that all camp rules **MUST BE KEPT** and that after fair warning, he or she will be sent home at the parent's expense.

Child/Youth Camper's Signature Parent/Guardian's Signature Date

SWIMMING PERMISSION FORM

I give permission for my child or youth to go swimming at Camp Denton and to have alcohol put in his/her ears after swimming. He/She **DOES** _____ or **DOES NOT** _____ know how to swim.

Parent/Guardian signature

(If there are any special health conditions that we should know about, please indicate on the reverse side of this form.)

CAMP HEALTH INFORMATION FORM

(PLEASE PRINT)

PLEASE NOTE: THIS FORM MUST BE ON FILE BEFORE CAMPER CAN ATTEND. WITHOUT THIS PROPERLY COMPLETED FORM, YOUR CAMPER WILL NOT BE ABLE TO ATTEND.

CHILD'S NAME: _____ PARENT: _____

MAIL ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____

Birth date: _____ Male: _____ Female: _____ Age: _____

IN CASE OF EMERGENCY, NOTIFY (Name, relationship and contact info):

HEALTH HISTORY: (Answer yes or No and give last date if possible)

Frequent colds _____ Sore Throat _____ Bronchitis _____ Asthma _____ Abscessed Ears _____

Polio _____ Tuberculosis _____ Rheumatic Fever _____ Heart Trouble _____ Poison Ivy/Oak _____

ALLERGIC REACTIONS TO: Drugs: _____ Insect Stings: _____ Food: _____
(Specify below in detail)

Can your camper be given if needed: _____ Tylenol _____ Benedryl _____ Midol

IMMUNIZATIONS: (give dates) D.P.T. series: _____ Booster _____ Tetanus _____

Please attach details about allergies, serious illness, medication use or further information on health history above.

IMPORTANT!! DO NOT COME TO CAMP IF...

You have been exposed to any contagious or infection diseases during the two weeks prior to camp.

You have ringworm, rash, open sores, **HEAD LICE**, chicken pox or measles, etc. All campers will be checked for head lice upon arrival at camp, so please do not make us turn them away.

You have handicaps that we are not equipped to help you with or that would keep you from enjoying camp.
(Camp is a very active time and the terrain is very hilly.)

In case of an emergency, I will assume obligation for the necessary expenses not covered by the Camp's insurance policy. I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment and to order injections, anesthesia or surgery. Parents or person(s) named on the other side will be telephoned by the Camp Director.

LAKE DENTON CAMP
A ministry of Lake Denton Management, Inc.
LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm , that I am aware that participation in camp events and activities can can result in serious injury or death.

I understand and agree that the entity through which I attend and participate in camp activities, Lake Denton Management, Inc., Lake Denton Camp, Orange Blossom Baptist Association and their employees, associated officers and directors (herein after referred to as "Released Parties") shall not be held responsible in any way for any injury, death or other damages to me, my family, estate, heirs, property or assigns that may occur as a result of my participation in any program or camping activity or as a result of negligence of any released party, whether passive or active.

In consideration of being allowed to participate in the activities of the Released Parties, hereinafter referred to as "Program", I hereby personally assume all risks of such participation in the Program, whether foreseen or unforeseen, that may befall me while I am a participant in such program, including, but not limited to, the academics, games or water activities.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not mere recital and that I have signed this liability release of my own free will and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this liability release is found to be unenforceable or invalid, that provision shall be severed and the remaining portions shall continue to be in full force and effect and binding and to be construed as though the unenforceable portion had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties or any of them, but also any rights my heirs, assigns, or beneficiaries may have in the event of my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries shall be estopped from claiming otherwise.

BY THIS INSTRUMENT I HEREBY RELEASE THE RELEASED PARTIES ALLOWING ME TO PARTICIPATE IN CAMP ACTIVITIES AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWSOEVER CAUSED, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT.

Participant signature

Date(s) signed for (Month/day/year)

Signature of Parent or Guardian

Date(s) signed (Month/day/year)