

2022 LYNHURST BAPTIST CHURCH CAMP REGISTRATION

June 26 to July 1, 2022 Versailles State Park

Camper's Last Name	First Name	Age	Grade this Fall (4 to 12)
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Address	Zip Code	Phone #
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Email address

CAMP FEES (Registration Deadline is June 19, 2022)

_____	\$30.00	Counselors or Pre-campers
_____	\$75.00	Campers (\$60.00 if paid by June 6th)
_____	\$55.00	for each additional Camper in family
_____	\$10.00	I will need bus/van transportation to & from Versailles
_____	Total	

Make checks payable to Lynhurst Baptist Church Camp Fund

CHOOSE YOUR ELECTIVE CLASSES

You will participate in 2 different elective classes each day. In the spaces below, please number your first (1) second (2) and third (3) choices.

_____ Art (only for campers 7th–12th)	_____ Social Media
_____ Crafts	_____ Cooking
_____ Performance Art	_____ Sports
_____ Hiking & Nature Study	_____ Woodworking

I would like to stay in the same cabin with _____

Cabin arrangements are not guaranteed, but we will try to honor your wishes!

I give permission for my child to attend the Lynhurst Baptist Church Camp at Versailles State Park, near Versailles, Indiana, from June 26 through July 1, 2022.

Signature of Parent or Guardian

Our **CAMP THEME** is "What's in a Name"

A fun week where campers will gain the confidence to claim their own identity!

HEALTH INFORMATION

Camper's Last Name

First Name

Name of Family Physician

Camper's Phone

Parent's Cell or Work Phone

Phone of Another Relative
or Friend (for Emergencies)

Please explain below any health problems, allergies, or drug reactions which might be important for the camp staff to know.

_____ Is the camper a diabetic, or on any special diet? (Attach an explanation.)

_____ Has the camper had a Tetanus (DP) booster in the past 12 months?

_____ Are any camp activities to be restricted? (Explain.)

_____ May this camper participate in supervised swimming?

HEALTH INSURANCE INFORMATION

Insurance company name & policy or contract number:

Group number & plan code:

Insurance company contact phone number:

If possible, attach a copy of the front and back of your health insurance card.

By signing below, I give permission for any Camp Staff Member to authorize any necessary emergency medical treatment for this child, from June 26 through July 1, 2022.

Signature of Parent or Guardian

Please arrive at the church parking lot by 1:30 pm on Sunday, June 26, ready to load up for the trip to Versailles State Park. We will plan to return to the church about 4 pm on Friday, July 1. You will receive an email or an information letter about 1 week before camp starts.

Both sides of this form must be filled out and signed by a parent or guardian of this camper.