

# LYNHURST BAPTIST CHURCH CAMP REGISTRATION

*June 18 - 23, 2023 Versailles State Park*

Camper's Last Name                      First Name                      Age                      Grade this Fall (4 to 12)

Address                      City                      State                      Zip Code                      Phone #

Email Address                      Preferred Name if Different

I would like to stay in the same cabin with \_\_\_\_\_  
*Cabin arrangements are not guaranteed, but we will try to honor your wishes!*

## CAMP FEES (Registration Deadline is June 11, 2023)

_____	\$35.00	Counselors or Pre-campers
_____	\$80.00	Campers (\$70.00 if paid by June 6th)
_____	\$60.00	for each additional Camper in family
_____	\$15.00	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 grades 7-12)* Create an art project utilizing different art styles.
- \_\_\_\_\_ Crafts: Make a different craft project each day.
- \_\_\_\_\_ Cooking: Learn the basics of measuring, mixing and following a recipe.
- \_\_\_\_\_ Sewing: *(only for grades 7-12)*: Learn the basics of using a sewing machine while completing simple projects.
- \_\_\_\_\_ Sports: Play team sports like volleyball, and kickball.
- \_\_\_\_\_ Hiking & Nature Study: Hike trails throughout the park.
- \_\_\_\_\_ Woodworking: Create a wood project using basic skills like hammering, sanding and nailing.

I give permission for my child to attend the Lynhurst Baptist Church Camp at Versailles State Park, near Versailles, Indiana, from June 18 through 23, 2023.

\_\_\_\_\_  
*Signature of Parent or Guardian*

## CAMPERS HEALTH INFORMATION

Camper's Last Name

First Name

Name of Family Physician

Parent Cell Number

Parent Work Phone

Name and Phone of Another  
Relative or Friend (for Emergencies)

Please explain any health issues, allergies, or drug reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Is the camper a diabetic, or on any special diet? Explain: \_\_\_\_\_

\_\_\_\_\_ 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 18 through June 23, 2023.

\_\_\_\_\_  
*Signature of Parent or Guardian*