



# REGISTRATION FORM 2023

(PLEASE PRINT)

Camper's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Parent(Guardian) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Emergency Contact/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact/Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor Name/Phone # \_\_\_\_\_

Dentist Name/Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company/Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\* Camp Lionheart's insurance is secondary coverage. Camp Lionheart will not be held liable for any illness or injury your child may incur while in attendance at camp.

Preexisting Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Individuals who may pick up my child: \_\_\_\_\_

\_\_\_\_\_

Individuals who may not pick up my child: \_\_\_\_\_

\_\_\_\_\_

## CAMP DATES/THEMES

6/5-9 \_\_\_\_\_ [3, 5, 3E, 5E]

**KIDSPTS WEEK**

6/12-16 \_\_\_\_\_ [3, 5, 3E, 5E]

**FARM WEEK**

6/19-23 \_\_\_\_\_ [3, 5, 3E, 5E]

**SAFARI WEEK**

6/26-30 \_\_\_\_\_ [3, 5, 3E, 5E]

**SUPER HERO WEEK**

7/3-7 \_\_\_\_\_ [3, 5, 3E, 5E]

**CELEBRATE AMERICA WEEK**

7/10-14 \_\_\_\_\_ [3, 5, 3E, 5E]

**GOD'S GREAT CREATION WEEK**

7/17-21 \_\_\_\_\_ [3, 5, 3E, 5E]

**CAMPING WEEK**

7/24-28 \_\_\_\_\_ [3, 5, 3E, 5E]

**AROUND THE WORLD WEEK**

CAMP HOURS: 8:00 AM-3:00 PM

EXTENDED HOURS: 7:00 AM-8:00 AM

3:00 PM-6:00 PM

\* \$110 [3] 3 DAY CAMP-CAMP HOURS ONLY

\* \$135 [5] 5 DAY CAMP-CAMP HOURS ONLY

\* \$135 [3E] 3 DAY CAMP + EXTENDED HOURS

\* \$160 [5E] 5 DAY CAMP + EXTENDED HOURS

\* Cost of field trips not included

(Get \$10 off per week for signing up for 6 or more weeks)

**\*Lunch will not be provided. You will need to pack your child a daily lunch. We do have microwaves available. For safety reasons, a staff member will assist your child.**

## Parent/Guardian Release

(Must Be Signed/Dated)

- \_\_\_\_ I give my child permission to take part in all camp activities, including sports and  
INITIAL field trips.
- \_\_\_\_ I agree that employees of Camp Lionheart may authorize the physician of their  
INITIAL choice to provide emergency care in the event that neither I, my emergency contacts, nor the family physician can be contacted immediately.
- \_\_\_\_ I also give my permission for my child/ward to be included in any photo,  
INITIAL recordings, or any other transmission or reproduction for the purpose of the camp publicity.

The undersigned hereby releases and forever discharges the Camp Lionheart, a ministry of Gospel Light Christian School, a ministry of Gospel Light Baptist Church along with all of their agents, employees, directors, officers, assigns, and attorneys, and assumes all risk from any and all claims demands, actions, causes of action or suits arising out of any illness or injuries, known or unknown, which have resulted or may in the future result from any trip, activity, contest or event that takes place at any location approved by Gospel Light Baptist Church. The undersigned fully indemnifies and holds harmless GLBC and all ministries under the church umbrella and all agents, employees, directors, officers, assigns, and attorneys, from and against each and every liability, loss, cost, damage, and expense, including attorneys fees incurred as a result of any Camp Lionheart trip, activity, contest or event that takes place at any location approved by Gospel Light Baptist Church.

I have read the Parent/Guardian Release Statement above and agree to its terms.

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Parent/Guardian PRINT NAME

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Parent/Guardian Signature

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Date