

LAKE VIEW CAMP RETREATS 2023/2024

Middle School Fall Retreat
October 21 - 22, 2023

High School Retreat
January 20 - 21, 2024

Middle School Winter Retreat
February 17 - 18, 2024

First Name: _____ Last Name: _____ Male or Female

Age: ____ Birthday: _____ Current Grade: ____ Camper Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Parent/Guardian 1: _____ Relationship to Camper: _____

Phone: _____ Home Cell Work Camper lives with this parent? YES NO

Parent/Guardian 2: _____ Relationship to Camper: _____

Phone: _____ Home Cell Work Camper lives with this parent? YES NO

Parent Email: _____ Yes! Add me to LVC's quarterly email list!

Insurance Company: _____ Group #: _____

Policy Holder (as printed on card): _____ Policy/ID #: _____

Home Church: _____ City: _____ Cabin Mate: _____

Please Check

Yes No

1. ____ ____ Overall in good health and able to participate in all activities.

2. ____ ____ Significant illnesses or injuries (i.e. asthma, diabetes, heart problems, etc.). Please explain: _____

3. ____ ____ Allergies (i.e. medications, bee stings, food, other). Please list: _____

4. ____ ____ Medication (list and include dosage, frequency and times). _____

5. ____ ____ The camp has my permission to administer medications and general first aid to my child as needed.

6. ____ ____ Date of last tetanus immunization: _____

In case of medical emergency, I understand that every effort will be made to contact parents / guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Lake View provides accident insurance for every participant, effective upon arrival and ending upon departure. Lake View insurance begins where yours leaves off. Illnesses or sickness are not covered. Any outside charges incurred relating to sickness or illness by your participant will be applied to parents or guardian. I hereby certify that the above information is correct. Lake View staff has my permission to transport my child to and from off-site activities. I also give my permission for the use of photographs and videos including my son or daughter to be used in camp publicity.

Participant Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

(required if participant is under 18 years old)

Why: Faith—Fellowship—FUN!

Who: Middle School Students (6th-8th Grade)
High School Students (9th-12th Grade)

When: Saturday @ 10 AM - Sunday @ 2 PM

Where: Lake View Camp (Directions on website)
1797 Hwy T17, Tracy, Iowa 50256

Cost: \$75 (Scholarships available upon request.)

Contact: lakeview@lakeviewconference.com or 641-628-2160 with questions or information on scholarships.

PAYMENT: Please send the \$75 with the completed form. Make checks payable to:



INSURANCE: Please attach a copy of your insurance card to this form.

Mail completed form and payment to:

Lake View Camp
P.O. Box 836
Pella, IA 50219