

wagon train  
**Hume Lake Summer Camp**  
August 6-12, 2017 • \$575.00  
Registration Opens January 15, 2017

**Register through LBAC by turning in this completed form along with a non-refundable \$100.00 deposit!**  
**Registration space is limited and is on a first-come-first-served basis!**  
**Wagon Train Camp is limited to 8 Registered Campers!**  
**If we exceed our pre-registered spaces, additional campers may register on a first-come-first-served waiting list!**

**LBAC Hume Lake Camp Registration ~ Camp Dates: August 6-12, 2017**

Camper's Name: \_\_\_\_\_ Fall, 2017 Grade: \_\_\_\_\_ Age (As of August 6, 2017): \_\_\_\_\_

Camper's Address: \_\_\_\_\_

Do you attend LBAC?  Yes  No If not, which church do you attend? \_\_\_\_\_

Camp:  Wagon Train (Entering 3<sup>rd</sup>-5<sup>th</sup> Grades -- Fall, 2017 **AND** at least 8 Years Old)

Parent/Guardian Initials Affirming this Statement of Permission:

\_\_\_\_\_ This acknowledges that my child has permission to participate in the above activity. To the best of my knowledge, my child is healthy and fit for an active program. I acknowledge there may be inherent possibility of risk (including but not limited to: all risks associated with an off-campus activity, etc.), and agree to hold harmless Long Beach Alliance Church, its employees and volunteers, for any loss, damage, injury, disease or death which results from this activity. In case I cannot be reached in an emergency, I hereby give my permission to the licensed health care provider selected by Long Beach Alliance Church to secure medical treatment including hospitalization, injections, anesthesia, or surgery as may be deemed necessary for the child listed above. I also understand and agree that I am responsible for all expenses incurred in the event of an emergency.

Health Insurance Provider: \_\_\_\_\_ ID #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ May we text you?  Yes  No

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Address (if different than above): \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**For Office Use Only**

Amount Received 1/15/17: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_  Parent has recieved 2017 Information Packet