

Parent's Authorization (This box must be completed for Camp attendance)

I hereby certify that this Health History is correct to the best of my knowledge.

I understand the possible risk and dangers involved in sports and other traditional camp activities and do give my permission for the above named camper to engage in all camp activities, except noted by myself or my family physician. I/We do hereby release LGYRC, its employees, agents, and camp staff from all claims, demands, actions, or causes of action for any sort of injuries sustained during the period covered by this release whether such injury occurs on or off camp property.

I have instructed my child to obey the rules of LaVerne Griffin Youth Recreation Camp.

I hereby give permission for medical treatment to be initiated as required for his/her welfare.

I hereby give LaVerne Griffin Youth Recreation Camp permission to use photographic images of the above listed participant for the purpose of promoting the camp's programs in publications and on the Web. I agree that the images become the exclusive property of LGYRC and waive the rights thereto. For privacy and protection of your child/ward, his or her name will not be used on the Web.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Church: _____ Church Chaperone: _____

Important Notice:

All medications brought to camp must be in the original prescription bottles with detailed instructions from your doctor. The camp's insurance covers each camper as secondary insurance. Your family insurance would apply first for any injuries or medical needs.

LaVerne Griffin Youth Recreation Camp

Mailing Address: P. O. Box 299069 Wasilla, AK 99629
Physical Address: 4495 West Little Cloud Drive Wasilla, AK 99623

Phone: 907-376-6887
Fax: 907-376-6860
E-mail: lgycr@mtaonline.net
Website: www.lgycr.org

LaVerne Griffin Youth
Recreation Camp
2017 SUMMER CAMPS



Souls Saved...Lives Changed

Camps

LaVerne Griffin Youth Recreation Camp Registration & Health Form

Alaska Native Youth Camp

June 5-9, 2017

Co-ed Camp for 7-12th Graders
\$185

X-Faith Youth Camp

June 12-16, 2017

Co-ed Camp for 7-12th Graders
\$185 Early Registration
(postmarked by May 12th)
\$195 (After May 12th)

Boys Camp

June 19-23, 2017

For Boys in 1-6th Grades
\$185 Early Registration
(postmarked by May 12th)
\$195 (After May 12th)

Girls Camp

June 26-30, 2017

For Girls in 1-6th Grades
\$185 Early Registration
(postmarked by May 12th)
\$195 (After May 12th)

Camper's Name: _____ Birthday: _____ Sex: _____
Camp Attending: _____ Age: _____
Parent/ Guardian: _____ Phone: _____
Work Phone: _____ Cell: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Alternate Emergency contacts:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Insurance information:

Policy Holder: _____ Policy #: _____
Name of Carrier: _____ Group ID #: _____
Address of Carrier: _____ City: _____ State: _____ Zip: _____
Family Physician: _____ Phone: _____

Immunization History (Give Dates):

Medications, Diet or activity the camp nurse should be aware of:

Allergies & Reaction:

Pick-Up is 1 pm on Final Day of Camp
Check In is 2-4 pm on First Day of Camp