

**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 must be in the original prescription bottles with detailed instructions from physician. 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: [lgyc@mtaonline.net](mailto:lgyc@mtaonline.net)  
Website: [www.lgyc.org](http://www.lgyc.org)

LaVerne Griffin Youth  
Recreation Camp  
**2019 SUMMER CAMPS**



**Souls Saved...Lives Changed**

# Camps

## LaVerne Griffin Youth Recreation Camp Registration & Health Form

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

### Alaska Native Youth Camp

June 3-7, 2019

Co-ed Camp for 7-12th Graders  
\$195

### X-Faith Youth Camp

**Sorry! No Youth Camp  
this year.** →

### Girls Camp

June 17-21, 2019

For Girls in 1-6th Grades  
\$195 Early Registration  
(postmarked by May 13<sup>th</sup>)  
\$210 (After May 13<sup>th</sup>)

### Boys Camp

June 24-28, 2019

For Boys in 1-6th Grades  
\$195 Early Registration  
(postmarked by May 13<sup>th</sup>)  
\$210 (After May 13<sup>th</sup>)

Camper's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Camp Attending: ANYC X-Faith Girls Boys      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: