

Lazy T Ranch

Sponsored by Pine Chapel Ministries

6653 Fremont Rd. Blanchard, MI 49310

Summer 2018 Camp Registration

Please check preferred camp:

<p align="center"><u>OFFICE USE ONLY</u></p> <p>Date Received _____</p> <p><input type="checkbox"/> Cash/Check# _____</p> <p>Amount _____</p> <p><input type="checkbox"/> Store _____</p> <p><input type="checkbox"/> _____</p> <p>_____</p> <p>_____</p>

<u>Kiddies Day Camp</u>	<u>Kids Camp</u>	<u>Teen Camp</u>
Ages 4-7 <input type="checkbox"/> June 19, 2018 10:00 AM - 4:00 PM Camp Donation: \$20.00 Parent/Guardian Welcome (Hot Dog lunch will be provided or you can bring a sack lunch if you prefer)	Ages 8-12 <input type="checkbox"/> June 24-27, 2018 <input type="checkbox"/> July 22-25, 2018 <input type="checkbox"/> August 5-8, 2018 Check-in: 6 PM Sunday Check-out: 11 AM Wednesday Camp Donation: \$75.00	Ages 13-17 <input type="checkbox"/> July 8-11, 2018 Check-in: 6 PM Sunday Check-out: 11 AM Wednesday Camp Donation: \$75.00

Camper's Information:

Name _____ Gender _____ Age _____ Birth date ___/___/___

Mailing Address _____ City _____ Zip _____

E-mail Address _____

Camp Date Preference _____ Cabin Mate Request _____

Parents or Guardians:

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell () _____

Please mail completed Registration Form and Donation made payable to Pine Chapel Ministries:

**Pine Chapel Ministries Camper Registration -
3306 E. Blanchard Rd.
Shepherd, MI 48883**

Due to last minute cancellations, registration must be paid when registering.
All registration fees are considered donations. We also ask that campers only attend one camp so all children have the opportunity to attend camp. Thank you.

- Campers are not permitted to keep cell phones, MP3s, or electronic games at camp.
- No phone registrations accepted. Questions only please.
- No refunds, only in emergency situations.
- If you have a financial hardship, please write there may be funds available.

- Registration questions: E-mail: lazytregistration@yahoo.com or call 989-506-2735 between 4pm-9pm or text between 8am-9pm. Website: www.lazyt-ranch.com

Emergency Contact (other than parents):

Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Cell () _____

Person(s) Allowed to Pick Camper Up

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Medical Information:

Doctor or Clinic Name _____ Phone () _____

Permission to give Tylenol: ___ Yes ___ No

Permission to give Ibuprofen: ___ Yes ___ No

Permission to give Benadryl: ___ Yes ___ No (Topical and Oral)

Allergies: _____

(If camper is allergic to bees, please bring their own bee sting kit.)

Because we are responsible for handing medications to your child (ren) and many other children we ask that you follow these guidelines to help us ensure that we are giving your child (ren) the proper dosage and at the proper time.

Camp Guidelines for Children on Medications

1. Medications must be in the original Rx containers with clear directions. This includes prescription & over the counter medications. All labels must be intact.
2. The container must only contain enough meds for the duration of camp.
3. Place a list of medicines with time & amounts to be taken in a quart or gallon sized Ziploc bag with medicines. The bag should visibly have the campers name on it.
4. If you remove the camper from the premises for other activities (football, 4-H, Dr., etc.) it is your responsibility to check with their counselor to be sure your camper has had their medications.
5. These directions apply for inhalers/ aerosols, too.

No medications.

Medications taken regularly.

Med#1 _____ Dosage _____ Specific Time taken each day _____
Med#2 _____ Dosage _____ Specific Time taken each day _____
Med#3 _____ Dosage _____ Specific Time taken each day _____
Med#4 _____ Dosage _____ Specific Time taken each day _____
Med#5 _____ Dosage _____ Specific Time taken each day _____

Medication: Please list all, including non-prescription drugs, taken routinely. *Please bring prescription medicines in the original bottle clearly marked with your child's name and only enough for camp.* All medications must be checked in to camp staff upon arrival.

The guidelines we have implemented are for the safety and well being of your child. We want this to be a safe and happy time for all. Thank you for your cooperation in this matter.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Special Instructions, Medical Conditions or Concerns _____

I certify the above child has my permission to attend the 2018 Pine Chapel Ministries Summer Camp and participate in all camp activities except as noted. I hereby give permission to the camp personnel to seek emergency medical treatment for my child during their camp stay. I also release permission to photograph my child for camp pictures or promotional materials.

Parent/Guardian Name: _____ Relationship _____

Parent/Guardian Signature: _____ Date _____

*** Please note that all children and adults participating in the 2018 Summer Pine Chapel Ministries Camps must have a liability waiver signed and on file. Thank you for your cooperation.**

****Because we have a large number of campers that do not get to come each year, we cannot hold any spots for any reason. Thank you for understanding & your cooperation.**

Child / Youth Lazy T Ranch/ Pine Chapel Liability Waiver

Camp Attending and / or Event _____

Date(s) _____

I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by Pine Chapel/ Lazy T Ranch , including, more specifically, but not limited to, the activities of horseback riding, swimming, canoeing, slip and slide, games and challenges . I acknowledge that although Pine Chapel/ Lazy T Ranch has taken safety measures to minimize the risk of injury to camp participants, Pine Chapel/ Lazy T Ranch cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. Moreover, I understand that participation in any such activities may involve the risk of injury and loss, both to the person and to property, and that the risks may include the possibility of permanent disability or death, I assume all such risks connected with my child's participation in Pine Chapel/ Lazy T Ranch activities and programs.

I understand that in the unlikely event of a serious illness or injury, every effort will be made to notify the parent or legal guardians at the earliest possible time without jeopardizing the care of the camper or minor staff. Parents or guardians will be notified if their child receives treatments for an injury/illness that requires a physician.

I understand that there may be elements of risk associated with activities at camp. I give permission for my child to participate in all activities at camp and hereby release and agree to indemnify and hold harmless Pine Chapel/ Lazy T Ranch and its trustees, officers, employees, agents, and volunteers from any and all claims of any nature arising from such participation.

Child's Name _____ Date of Birth ____/____/____

Father's or Legal Guardian's Signature _____

Date: ____/____/____

Mother's or Legal Guardian's Signature _____

Date: ____/____/____

Witness _____

Witness Address _____

Witness Phone Number _____