



Instructions:

PAGE 2: Group Registration Form

To be completed by Group Director and mailed, faxed, or emailed back to Camp Living Waters as soon as possible to reserve* your space with or without deposit.

*Reservations will be confirmed when deposit is received.

PAGE 3: Group Roster Form

Please mail or fax to our office at least 14 days prior to scheduled camp.

PAGES 4-6: Camper Information Forms

To be completed by each camper and brought to registration.

Please do not mail these forms. Do not forget to inform parents/guardians to include a copy of camper's insurance card with packet.

PAGES 7 & 8: Packing List and Camp Rules

Please copy and distribute with camper information forms to all those planning to attend camp.

Thank you,

**Camp Living Waters- SEBA
21230 Living Waters Rd
Loranger, LA 70446**



Camp Living Waters

21230 Living Waters Rd
Loranger, Louisiana
985-345-1831
Fax: 985-345-8153

Email: clw@camplivingwaters.net
www.camplivingwaters.net

CONTACT INFORMATION:

YOUR INFORMATION:

Title: _____
Name (first/last): _____
Email: _____
Phone: _____

CHURCH INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Website: _____
Email: _____

Please circle the camp that you plan to attend.

CLW Children's Camp #1	June 4-7, 2012 \$139 per child	6-12 years old
CLW Children's Camp #2	July 9-12, 2012 \$139 per child	6-12 years old
CLW Youth Camp	July 16-20, 2012 \$169 per youth	7 th -12 th grades

NUMBER OF FEMALES ATTENDING: _____

NUMBER OF MALES ATTENDING: _____

TOTAL NUMBER ATTENDING: _____

Prices include lodging, meals, program, camp shirt, and \$10 non-refundable concession credit.

Camp Living Waters will mail you a leader's packet upon receipt of your registration form.

A deposit of \$30.00 per person will be due by April 2, 2012 to confirm your registration.

Deposits are non-refundable after April 30, 2012.

For more information, please email clw@camplivingwaters.net or fax (985) 345-8153.

Church Name: _____
 Church Contact Name: _____
 Contact Phone: _____



Please return completed form two weeks prior to scheduled camp.
 Visit camplivingwaters.net for more information.
 EMAIL: clw@camplivingwaters.net or FAX: (985) 345-8153

#	FIRST NAME	LAST NAME	SHIRT SIZE	GRADE	MALE/ FEMALE	CHECK FOR ADULT
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>
7						<input type="checkbox"/>
8						<input type="checkbox"/>
9						<input type="checkbox"/>
10						<input type="checkbox"/>
11						<input type="checkbox"/>
12						<input type="checkbox"/>
13						<input type="checkbox"/>
14						<input type="checkbox"/>
15						<input type="checkbox"/>
16						<input type="checkbox"/>
17						<input type="checkbox"/>
18						<input type="checkbox"/>
19						<input type="checkbox"/>
20						<input type="checkbox"/>



Date of Camp Attending _____

Church Name _____

**CAMP LIVING WATERS
SOUTHEAST BAPTIST ASSEMBLY
2012 CAMPER REGISTRATION FORM**

To be completed by each camper and brought to registration.

Camper's Last Name: _____ First: _____ Middle: _____

Male () Female () Date of Birth: ____/____/____ Last Grade Completed: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

ARE THERE ANY CIRCUMSTANCES THAT WE NEED BE AWARE OF IN ORDER TO BETTER MINISTER AND MEET THE NEEDS OF THE CAMPER? (THIS INFORMATION WILL BE KEPT CONFIDENTIAL.)

SHIRT SIZE
CIRCLE THE CORRECT SIZE

CHILDREN

S M L

ADULT

S M L X XXL XXXL

Photographic Release

I hereby grant Camp Living Waters (Southeast Baptist Assembly) permission to photograph my child, _____, for the sole purpose of promoting the facility and programs of Camp Living Waters - SEBA. I understand that those photographs may be used in presentations and/or displayed on the Camp Living Waters - SEBA website.

By signing below I acknowledge I have read and fully understand this release.

☛ Parent's signature

Date

☛ Camper's signature (if over 18)

Date

I and my child have read and agree to follow the camp rules (see page 8), obey the camp staff and counselors, and participate in all camp events. We understand that if a camper fails to obey the camp rules, counselors and/or staff, he/she may be sent home from the camp that he/she is attending. As their parent/guardian, I understand that I am financially responsible for any damage that my child may cause to Camp Living Waters - SEBA property or the property of other campers.

☛ Parent's signature

Date

☛ Camper's signature

Date



2012 Summer Camp MEDICAL RELEASE FORM

Dear Parents or Guardians:

Please print, fill out, sign, and return this form to the church sponsor. The medical release portion is required and must be returned prior to the beginning of camp.

CAMPER'S LAST NAME: _____ FIRST: _____ MIDDLE: _____

PARENT/GUARDIAN NAME: _____

I CAN BE REACHED AT:

DAY: _____ EVENING: _____ CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPER'S PHYSICIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

HEALTH INSURANCE COMPANY: _____

IDENTIFICATION NUMBER: _____

PLEASE ATTACH A COPY OF THE CAMPER'S INSURANCE CARD.

THIS FORM MUST BE RETURNED TO CHURCH SPONSOR PRIOR TO THE BEGINNING OF CAMP IN ORDER FOR YOUR CHILD TO ATTEND.

LIST TWO PEOPLE WHO MAY BE CONTACTED IN CASE PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY.

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

GENERAL HEALTH AND MEDICAL HISTORY

PLEASE INDICATE ANY SPECIAL MEDICAL PROBLEMS (MEDICINE, INJURY, ALLERGIES) OF WHICH WE SHOULD BE AWARE: _____

LIST ANY CHRONIC OR LONG-TERM ILLNESS: _____

SERIOUS INJURIES OR SURGERIES: _____

KNOWN ALLERGIES:

FOODS: _____

MEDICATIONS: _____

PLANTS: _____

ANIMALS: _____

OTHER: _____

EXPLAIN REACTION AND INDICATE MEDICATION USED OR OTHER ACTION TO BE TAKEN:

EXPLAIN ANY PHYSICAL/MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:

MEDICATION

IS CAMPER BRINGING MEDICATION TO CAMP? _____ YES _____ NO

IF YES, PLEASE LIST ALL MEDICATIONS, DOSAGE, AND TIMES BELOW.

MEDICATION MUST BE IN PHARMACY CONTAINER WITH PATIENT'S NAME AND DOSAGE INSTRUCTIONS ON IT.


IF DOSAGE INSTRUCTIONS ARE DIFFERENT, PLEASE NOTE AND SIGN YOUR NAME.

MEDICATION NAME	DOSAGE INSTRUCTIONS

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. I give my permission for Camp Living Waters - SEBA to provide First Aid treatment when needed. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the staff of Camp Living Waters - SEBA to transport my child to a medical facility and secure medical treatment as needed and release the needed medical records from camper's personal physicians to the physician providing emergency care. Also, I hereby give my permission to the physician or dentist selected to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Camp Living Waters - SEBA through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Camp Living Waters and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risks. I agree not to hold Camp Living Waters - SEBA, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

 Signature of parent or adult guardian _____ Date

 Signature of camper (if over 18) _____ Date

On this date _____, this document was signed in the presence of _____,

Notary Public. Witness my signature and seal.

(Place Notary seal above)

What to bring to camp?

Bedding:

- Twin sheets
- Pillow
- Blanket or Sleeping Bag

Important:

If you take any medications, make sure you bring them with you.

Personal Items:

Toothbrush
Toothpaste
Deodorant
Hair Brush or Comb
Towels
Wash Cloths
Bath Soap
Feminine Products
Bug Spray
Sunscreen
Lotions
Bible
Notebook
Pen
Laundry Bag

Clothes:

For recreation- clothes that can get dirty
Closed toed shoes- Tennis shoes
Shower shoes- old pair of flip flops
Flip flops- to and from slide and pool
Underwear
Socks
Shorts- mid length (No Daisy Dukes)
Skirts/Dresses- below the knee (if desired)
Shirts- no halter or spaghetti straps; shirts should be long enough where stomach is not showing
Swimming suits- one piece for girls, swim trunks for guys (Dark t-shirts must be worn over all suits)

Please leave valuables at home. This includes cell phones, ipods, and other electronic devices.

Campers are expected to keep up with their own money, although counselors may help the younger children with this.

CAMP RULES

- DO cooperate with counselors and be at the appointed locations at all times.
- DO inform the office if you must leave the camp grounds for any reasons.
- DO treat others with respect. Remember that we are here for the glory of God.
- DO leave valuables at home. Campers are expected to keep up with their own money.
- DO dress appropriately for activities. Dark t-shirts should be worn over swimsuits.

Athletic shoes only are allowed on Challenge Courses.

- DO observe our curfews. Lights out means lights out!
 - DO follow all safety rules at camp facilities. Use of facilities must be under supervision of camp staff.
 - DO place all trash in appropriate cans and keep the grounds clean.
 - DO keep your room and bathroom clean. A \$30 cleaning fee per room/area will be charged to any group leaving an area in an unacceptable condition.
 - DO wear shoes at ALL times. Do not walk barefoot from water slide to pool or gym.
 - DO report all injuries or accidents immediately to staff and fill out an accident report before leaving the grounds.
 - DO contact staff member if there is a problem with the facilities.
 - DO **bring mosquito repellent**. The camp does not provide bug spray for the campers.
 - DO give medication to counselor. It is the counselor's responsibility to distribute medications.
 - DO bring a bag for your dirty laundry.
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- DO NOT bring pets.
 - DO NOT play rough, fight or use profanity.
 - DO NOT **take food or drinks to dorm rooms**.
 - DO NOT bring drugs, alcohol, tobacco, weapons, fireworks, electronics, skateboards, or roller blades.
 - DO NOT move beds or other furniture in rooms.
 - DO NOT deface property by writing on walls or beds.
 - DO NOT sit on the tables or stand on the chairs. Only adults are allowed to lower gym tables.

*****ATTENTION GROUP LEADERS*****

Due to the tight schedule of our camps, please have luggage/personal items removed from all rooms and loaded prior to the final meal of the camp. Remind your students that their rooms need to be free of clutter and trash. Group leaders should make a final inspection to make sure all items are removed.