

Name _____ Boy Girl Birthday _____ Age ____ Grade in fall _____

Address _____ City _____ ST _____ Zip _____

Parents or Guardian _____ Phone _____

Email _____ Church Affiliation _____

T-Shirt Size (Circle One): Youth: S M L Adult: S M L XL XXL First time overnight camper YES NO

Pick 1: Children's Junior Archery B-ball Jr. Teen Sr. Teen

My child may be released to: _____

My child may **NOT** be released to: _____

I will not hold Camp Lewtana or its missionary or its staff responsible in case of accident or sickness.

I understand that our personal insurance is the primary coverage for my child.

Personal Insurance Provider _____ Policy Number _____

In case of emergency, I give either the Camp Director or the Camp Nurse permission to consent for treatment by doctor or hospital.

I give permission for use of photos or video of my child in future promotional material.

See reverse also.

Parent/Guardian Signature _____

Return form to: Camp Lewtana, 1116 Mill Creek Rd., Lewistown, MT 59457

Office use only:

Pre ____ Fl ____ C/CT ____

SpFm ____ Dis _____

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Pre ____ Fl ____ C/CT ____

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Family Camp Registration

Name _____ Phone _____

Address _____ City _____ ST _____ ZIP _____

Email _____ Number attending _____ Children's Names and Ages _____

Planning on Meals: ALL MEALS (Friday-Sunday)

Friday Supper
Saturday Breakfast Lunch Supper
Sunday Breakfast Lunch

Return form to: Camp Lewtana, 1116 Mill Creek Rd., Lewistown, MT 59457

Staying Overnight: YES NO

Friday
 Saturday

We would like to stay in a cabin
 We are bringing our: camper tent

Important Medical Information

If parent cannot be reached in an emergency, contact:

_____ Phone # _____

Camper’s Lewistown doctor (if applicable)

Is camper on medication? Yes No

NOTE: All medication must be turned into the office and will be dispensed from there. Please provide a signed note with your child’s medication instructions including medication names, dosages, and times to be dispensed.

Allergies? : Bee Sting Antibiotics Food (list details below) Others

For emergency medical treatment

Has your child had any surgeries or recent medical conditions? If yes, please include a note explaining the situation. Yes No

Is your child up to date on age recommended immunizations? Yes No

Is your child up to date on tetanus? Yes No

Camper Signature Required

Please read the camp rules and sign below.

Camp Rules

1. Each camper will follow the camp schedule.
2. Personal conduct will be compatible with the Christian ideals of the camp which excludes the use of tobacco, drugs, alcohol, etc.
3. No one may leave the camp except by permission of the Director.
4. Cars may not be used except by permission of the Director.
5. Sickness or injury must be reported immediately to the Nurse or Director.
6. Firearms, fireworks, and personal entertainment equipment (MP-3 players, phones, CD players, gaming devices, etc.) are not permitted at camp.
7. All personal food and medications will be kept at the Main Building.
8. The camp management reserves the right to send anyone home for misconduct or failure to abide by the Camp Rules.
9. HAVE FUN :)

Agreement

As a camper at Lewtana, I will obey the rules of the camp and show due respect to all staff members and counselors. I also understand that if I fail to do this, I may be asked to return home before the week is over.

Camper’s Signature _____

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_____ Phone # _____

Camper’s Lewistown doctor (if applicable)

Is camper on medication? Yes No

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