Name _____ Phone _____

Address _____ City _____ Sate _____ Zip _____

Parents or Guardian _____

Church Affiliation _____

□ Boy □ Girl Birthday _____ Age _____ Grade _____

Attending Camp: □ Children's □ Junior □ Jr. Teen □ Sr. Teen □ B-ball

□ *I will not hold American Missionary Fellowship or Camp Lewtana and staff responsible in case of accident or sickness*

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

Our 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 materials.

Parent/Guardian Signature _____

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

Office use only
Pre_____ Fl_____ C/CT_____
SpFm _____ Dis _____

Cut on line

Health Certificate

If Parent cannot be reached in emergency, contact:

_____

Phone _____

Camper's Lewistown doctor (if applicable):

_____

Is camper on medication: □ Yes □ No

All medications must be turned into the office and will be dispensed from there.

List Allergies, if any _____

_____

Bee Sting _____ Penicillin _____

Does the camper have any serious illness or condition the camp nurse or staff should know about?

_____

Immunizations

Has camper received the following immunizations?

Whooping Cough.....year _____

Tetanus Toxiod.....year _____

Polio Salk Vaccine.....year _____

Diphtheria Toxiod.....year _____

Other .....year _____

Other.....year _____

Other.....year _____

Child Release Information

My Child may be released to the following people:

_____

_____

_____

_____

_____

My child is NOT to be released to:

_____

_____

Please Read!

- Ensure that your camper(s) has read and agrees with the rules of camp. The rules can be found at http://www.lewtana.com/rules.html
- Fill out one complete registration per child. This includes the Camp Registration and the Health Certificate. *Each child MUST have an individual registration and medical form filled out as completely as possible in order to be admitted to camp.*
- Detach the registration form on the indicated line. Fill out the camp registration and Health Certificate in its entirety.
- Leave the Health Certificate attached to the Camp Registration form. Fold the form in half when completed.
- Mail the Registration to: **Camp Lewtana ● PO Box 114 ● Lewistown, MT 59457**
- Please make checks payable to **Camp Lewtana**.
- Please abide by the age levels unless prior arrangements are made.

Camp Lewtana is an interdenominational camp which welcomes all regardless of race, color, nationality, sex, age, or handicap.