

LifeCenter Plus 2023 Summer Camp Registration

Register by April 30th to receive a 10% discount! | **DATE:** _____

Please fill out one registration form per child. Incomplete forms will be subject to administration fees and delays in processing.

Child's Name _____	Date of Birth _____
Parent's Name _____	Child's Age Group _____
LCP Member Yes No Phone ____ - ____ - ____ *(REQUIRED)	(Please Circle):
Address (including zip code) _____	5-6 years 7-9 years
Email Address _____ * (REQUIRED)	10-12 years

Child's Shirt Size (Please Circle One)								
YXS	YS	YM	YL	YXL	AS	AM	AL	AXL

Please mark an **X** for the days your child will be attending camp and leave the box blank if your child will not be attending camp. REMINDER—there is a weekly \$10 COVID surcharge.

Registering Multiple Children? (please circle) Y N

Week	Dates	Mon.	Tues.	Wed.	Thurs	Fri.	Before Care	After Care	Before & After	Total (\$)
1	June 5 - June 9	Jun-5	Jun-6	Jun-7	Jun-8	Jun-9				
2	June 12 - June 16	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16				
3	June 19 - June 23	Jun-19	Jun-20	Jun-21	Jun-22	Jun-23				
4	June 26 - June 30	Jun-26	Jun-27	Jun-28	Jun-29	Jun-30				
5	July 5 - July 7	Jul-3	Jul-4	Jul-5	Jul-6	Jul-7				
6	July 10 - July 14	Jul-10	Jul-11	Jul-12	Jul-13	Jul-14				
7	July 17 - July 21	Jul-17	Jul-18	Jul-19	Jul-20	Jul-21				
8	July 24 - July 28	Jul-24	Jul-25	Jul-26	Jul-27	Jul-28				
9	July 31 - August 4	Jul-31	Aug-1	Aug-2	Aug-3	Aug-4				
10	August 7 - August 11	Aug-7	Aug-8	Aug-9	Aug-10	Aug-11				

Number of days per week (please circle): 3 days per week 5 days per week

Payment Information: Please fill out each line completely

Check One:	MasterCard	Visa	On Account	Check	Cash
Check One:	Paid in Full	Paid Monthly	Paid Weekly		
Credit Card # _____	Zip Code _____				
Expiration Date ____/____	Security Code _____	Amount \$ _____			
Cardholder's Name (Printed) _____					
Cardholder's Signature _____					

Registration & Payment: Payment for your first week of camp is due with your registration. Additional payments must be received before 4pm on the Thursday prior in order to attend camp the following week. Same week registration will not be accepted. Any changes to camp registration will be charged a \$10 administration fee, including cancellations. Should you wish to cancel a registration for summer camp, you must give a written statement to LifeCenter Plus, SummerCamp@LifeCenterPlus.com, ten business days prior. After this time and once a summer camp has started, there are no refunds, no exceptions. Campers are accepted on a first-come, first-served basis.

SIGNATURE: _____

OFFICE USE ONLY

__ EB __ FTC __ REF __ SIB

Waiver of Release



We, the undersigned, agree to abide by the rules of LifeCenter Plus (hereafter known as LCP). The participant also agrees that all use of LCP facilities or outside facilities shall be undertaken at his/her sole risk, and LCP shall not be liable for any injuries to him/her, or his/her property, or be subject to any claim, demand, injury or damages resulting from acts of active or passive negligence on that part of LCP, its officers or agents. The participant for him/herself and on behalf of his/her executors, administrators and assigns, does hereby expressly forever release and discharge LCP, its successor and assigns, as well as its officers and agents, for all such claims, demands, injuries, damages, actions or cause of action. By signing this release I will be forever prevented from suing or otherwise claiming against the release for an property loss or personal injury that may be sustained while participating in or preparing for kids camp.

Participants Name _____ Date _____

Parent's Signature (adult) _____

Photo Release



We often take pictures of kids participating in summer camp for display and use in our publications. In order for us to use any pictures, we need to have a signed release form from the custodial parent or guardian of the child. Pictures will not include identifying information.

I _____, hereby give permission to be photographed or to have my child photographed by a LifeCenter Plus designated photographer and to allow LifeCenter Plus to use these photos in LifeCenter Plus literature

I _____, do NOT give permission to photograph my child.

Parent's Name Printed _____ Date _____

Parent's Signature _____ Participant's Name _____

Emergency Medical Authorization

Parents are required to **complete** the emergency medical form below. This form is then given to your child's instructor and only used in case of an emergency. **One form per child.**

Child's Name _____



In the event of an emergency, please contact:

Mom _____

Dad _____

Home/Work Phone _____

Home/Work Phone _____

Cell Phone _____

Cell Phone _____

If parents cannot be reached, the following person should be contacted:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

List any health problems, medications or allergies: _____

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby consent for the administration of treatment deemed necessary by another licensed physician or the transfer of child to the nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of surgery, are obtained prior to performance of surgery.

Parent/Guardian Signature _____ Date _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken.

Parent/Guardian Signature _____ Date _____

HEALTH FORM

Name: _____	Event #: Summer Camp 2023
<p><u>Does the camper have any of the following conditions:</u></p> <p> <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ODD <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Anemia currently <input type="checkbox"/> Asthma <input type="checkbox"/> other Lung Disease <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Frequent Urinary Infections <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections <input type="checkbox"/> Tubes in Ears Currently <input type="checkbox"/> Eating Disorders <input type="checkbox"/> Anorexia/Bulimia <input type="checkbox"/> Obesity <input type="checkbox"/> Epilepsy <input type="checkbox"/> Absence Spells <input type="checkbox"/> Grand Mal Seizures <input type="checkbox"/> Hay Fever/Seasonal Allergies <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Disease <input type="checkbox"/> Mental Health Concerns <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Menstrual Concerns LMP prior to camp ____/____/____ <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Sleep Talking <input type="checkbox"/> Sprains, Strains, Muscle, Bone or Joint Problems <input type="checkbox"/> Stomach problems <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other diagnosis or concerns: _____ _____ Explain conditions checked above including required medications, treatments, special restrictions or considerations while at camp: _____ _____ _____ _____ </p>	<p>Surgeries/Serious Injuries/Broken Bones Please List with Date: _____ <input type="checkbox"/> None</p> <p>_____</p> <p>_____</p> <p>Allergies:</p> <p><input type="checkbox"/> None Known</p> <p><input type="checkbox"/> Insect/Bee Stings</p> <p> <input type="checkbox"/> Serious/Life threatening reaction <input type="checkbox"/> Localized swelling or redness at site </p> <p><input type="checkbox"/> Medication Allergies</p> <p> <input type="checkbox"/> Serious/Life threatening reaction <input type="checkbox"/> Hives, rash, diarrhea, other Please list Med Allergies: _____ _____ </p> <p><input type="checkbox"/> Food Allergies</p> <p> <input type="checkbox"/> Serious/Life threatening reaction <input type="checkbox"/> Cramps, diarrhea, hives Please list Food Allergies: _____ _____ </p> <p><input type="checkbox"/> Other Allergies: _____ _____</p> <p><input type="checkbox"/> Carries Epi Pen</p> <p><input type="checkbox"/> Carries Emergency Inhaler</p>

CURRENT MEDICATIONS AND INHALERS: (both *prescribed* and *over-the-counter* - add additional page if needed)

Drug Name	Dosage	Time of day to be administered	Reason for Medication

List any special dietary concerns or restrictions at camp: _____

Has the camper been exposed to a communicable disease in the last 21 days? ☐ Yes ☐ No
 If yes, what? _____ when? _____

Name of Camper's Physician: _____ Telephone: _____

Restrictions:

☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

Parent's Signature: _____ **Date:** _____

OFFICE USE ONLY	<input type="checkbox"/> Health Check	<input type="checkbox"/> Information Verified	<input type="checkbox"/> Meds Collected	Initials: _____
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Authorization for Pick Up



If someone else will be picking your child up from camp, this form must be on file with the LifeCenter Plus camp staff.

Camper Name: _____

Age: _____

Valid Dates: _____

Authorized Adult: _____

Relationship to Child: _____

Adult's Contact Number: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Extra Activities Form



If your child will be involved in any other activities while at camp (swim lessons, swim team, etc.) please fill out this form so the LifeCenter Plus Camp staff can get them to and/or from their activity safely.

Camper Name: _____

Age: _____

Valid Dates: _____

LifeCenter Plus Activity: _____

Time: _____ **Day(s):** _____

LifeCenter Plus Activity Instructor: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Rockwall/Climbing Wall Waiver



The sport of indoor rock climbing has inherent dangers and risks, both anticipated and unanticipated, including all manner of injury both physical and emotional, paralysis, death, damage to property, or other losses.

Physical injuries may include but are not limited to:

- Cuts, abrasions or bruising
- Musculoskeletal injury or over training injury
- Head injury

Physical injury may result from any activity involving participation with the indoor rock climbing facility, including

but not limited to:

- Contact or entanglement with climbing ropes
- Falling and impacting the rock climbing wall, protruding holds, the floor or other surfaces and fixtures, both permanent and temporary
- The jolt of the climbing rope when it catches a falling climber
- Falling climbers, ropes or other objects
- Overexertion or participation in activities beyond individual skill level, physical or mental capability
- Failure of equipment, including ropes, belay devices, harnesses, artificial holds, anchor points, climbing hardware, or any other element of the climbing structure or any climbing equipment
- Any activity in or near the climbing area, including climbing, belaying, lowering on the rope, or any other climbing activity
- Any neglect to follow established safety policies and procedures by any climber, belayer, spotter, spectator or any other person in or near the climbing area

Participation in the sport of indoor rock climbing does not prepare participants for the sport of outdoor rock climbing. Further education is necessary to prepare participants for the inherent dangers and risks associated with outdoor rock climbing, which differ from those associated with indoor climbing.

WAIVER. In consideration and recognition of the inherent risks of participation with the indoor rock climbing facility at LifeCenter Plus, I agree, on behalf of myself, my heirs, guardians, legal representatives, and assigns, thereby release, waive, and forever discharge LifeCenter Plus, its agents, employees, or other representatives from any claims of personal injury, damage to property, death or any other loss resulting from

participation with the indoor rock climbing facility. I agree to indemnify and hold harmless LifeCenter Plus or any entities mentioned herein from all liability, at the present date or any future date, regardless of the circumstances of the claim, whether caused by negligence of LifeCenter Plus or otherwise, whether participation is supervised or unsupervised, and whether any breach of contract or duty of care takes place. I understand that this document is legally binding for me as well as the entities mentioned herein, and I agree not to sue or otherwise make any claim against LifeCenter Plus or any entities mentioned herein and that LifeCenter Plus will not be held legally responsible for any loss I suffer from participation in any way connected with the indoor rock climbing facility. With clear knowledge of the risks involved in participation with the indoor rock climbing facility, as outlined herein, I voluntarily assume all risks associated with participation, known or unknown, and I agree to follow all safety policies and procedures established by LifeCenter Plus for participation with the indoor rock climbing facility. I further certify, acknowledge and agree that I am of the physical, emotional and mental capability necessary for participation with the indoor rock climbing facility, at the present date and any future date.

YOUTH PARTICIPANTS (Parent or Guardian's Additional Indemnification for participants younger than 18 years of age): In consideration of the named participant, younger than 18 years of age, I acknowledge that I have carefully read and clearly understand the provisions of this document. By signing, I agree to indemnify and hold harmless LifeCenter Plus for any claim of loss by the named youth as a result of participation with the indoor rock climbing facility at LifeCenter Plus, at the present date or any future date. I have carefully read and clearly understand the provisions of this document, and I voluntarily sign this document agreeing to its terms and exempting LifeCenter Plus from liability for losses resulting from participation with the indoor rock climbing facility, at the present date or any future date.

Participants Name _____ **Date** _____

Parent's Signature (adult) _____

Trail Walking Release/Waiver



If you wish for your child to participate in walking with campers and staff on our local walking trails during his/her participation at LifeCenter Plus Kids Summer Camps, please fill out release form below.

To Whom It May Concern: My child _____ has my permission to walk with other campers and staff on the nearby local walking trails. By signing this release, I am not only giving my permission, but also saying that my child is aware of LifeCenter Plus Kids Summer Camp Rules and I have told him/her to comply with them. I also have read and understand what is stated below. I recognize any risks involved and agree not to hold LifeCenter Plus, its staff, or agents responsible in case of an accident. I understand that LifeCenter Plus is not responsible for the results of my child's actions or inactions. I realize that my child's cooperation is needed for his/her own safety as well as the safety of others on the walking trails.

Walking Trail Rules:

1. Walk no more than 2 abreast.
2. Stay to the right. Always walk on the right side of the trail.
3. All trail users must yield to horses. Remember to slow down before passing and be aware that horses can spook easily if startled.
4. Keep one ear clear. If wearing headphones, please leave one ear clear so you can remain alert to other trail users.
5. Slow down! Traveling at a slower pace allows you to stay alert and ensures the safety of yourself and others.
6. Do not block the trail. When you need to stop, step off the trail. Never block the trail.
7. Stay with the group. All campers and counselors will be walking together at all times. Depending on the camp size, counselors may each take smaller groups, to help spread out.
8. Leave no trace! Always pick up after yourself by either disposing of trash in proper bins or taking your trash with you when you leave.

Persons not complying with the above rules will not be allowed to continue on any of the walking trail activities throughout the summer season.

WARNING: Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Signed: _____ **Date:** _____
(Parent or Legal Guardian) Please Print Name:

Sunscreen Permission Form



If you would like us to help your child apply sunscreen during the day, please fill out this form and return it to your camp counselor. Sunscreen **MUST** be the spray on type only and must be clearly marked with the camper's name.

NO EXCEPTIONS!

☐ Yes, LifeCenter Plus and all of the Summer Camp counselors involved have my permission to help my child reapply the sunscreen I provide.

Participants Name _____ Date _____

Parent's Signature (adult) _____

Tax Statement Request Form



If you would like a receipt for your taxes, please fill out the following information.

Camper Name: _____

Age: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email (please print): _____