

# CAMPER MAIL-IN APPLICATION



Indicate the session you would like to attend  
Register Online - Save \$20 - [www.pinespringscamp.com](http://www.pinespringscamp.com)



Week 1 - Travis Thornton  
May 30 - June 4\*  
4th - 8th Grade



Week 7 - John King/Lonnie Hamil  
July 11-17  
7th - HS Grads



Week 2 - Josh Haynes  
June 6-12  
6th - HS Grads



Week 8 - Trent Roberson  
July 18-23\*  
4th - 8th Grade



Week 3 - Paul Hodnett/Chris Palmer  
June 13-19  
6th - HS Grads



Week 9 - Mitch Monroe/Paul Hodnett  
July 25-30\*  
3rd - 8th Grade (Greenlawn only)



Week 4 - James Peel/Eric Opton  
June 20-26  
7th - HS Grads



Week 10 - Link Blevins/Chris Hayes  
August 1-6\*  
4th - 8th Grade



Week 5 - David Frazee/Jason Herman  
June 27 - July 2\*  
9th - HS Grads (Richland Hills only)



Week 11 - Taw McLeroy  
August 8-13\*  
4th - 8th Grade



Week 6 - David Harrelson  
July 4-10  
7th - HS Grads

\* camp ends on Friday morning

Camper's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Mobile: (\_\_\_\_\_) \_\_\_\_\_

Father's Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's Mobile: (\_\_\_\_\_) \_\_\_\_\_

Parents' E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Sex: M F

Please indicate adult T-shirt size: S M L XL XXL

Cost: \$230 (online) \$250 (mail)

Full payment is due 2 weeks before session begins.

Enclosed is \$75 deposit or \$250 mail-in cost

\$270 if registration is postmarked within two weeks before the beginning of your session. Deposit is not refundable or transferable.

## CONSENT AND RELEASE FOR MEDICAL REASONS

I agree to follow all the guidelines of LCU Summer Camps and Lubbock Christian University, and I will cooperate fully and participate in all activities. I understand any breach of guidelines can result in removal from camp at my parents' expense and without refund.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

## CONSENT AND RELEASE FOR MEDICAL REASONS

(CONTINUED)

In consideration of my child being permitted to participate in camps at Lubbock Christian University, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activity, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child's participation in the activity; and

FURTHER, I do for myself and my child's personal representative(s), heirs, and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge Lubbock Christian University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said activity which results from causes beyond the control of, and without the fault or negligence of, Lubbock Christian University, its officers, agents, or employees, during the period of my child's participation in the activity.

I agree that my child may participate in all camp activities as well as being transported to and from such activities by Lubbock Christian University personnel.

I understand that as a participant, my child may be photographed or videotaped during normal activities, and the photos/videos may be used in promotional materials. I hereby release all claim of copyright for the use of my child's likeness in promotional materials and further waive all right to inspect such material.

I understand that my family and my child's contact information may be shared with Lubbock Christian University.

I understand that it is my sole responsibility to notify the Lubbock Christian University Camp Director of my child's medical needs. I certify that I have indicated all medical history information regarding my child(ren) to Lubbock Christian University and that all medical information is true and correct.

MEDICAL RELEASE: I hereby grant permission to the director and/or his designee to seek and/or administer appropriate medical aid to my child in the event of an emergency. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, or any treatment deemed necessary by a legally licensed physician; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency; I hereby give my permission to the physician selected by the camp director and/or his designee to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Family Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Current Medications (send with typed instructions and dispensing times)  
\_\_\_\_\_  
\_\_\_\_\_

Surgery or recent injuries: \_\_\_\_\_

Chronic or recurring illness or medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Initial) I give LCU permission to give the camper over-the-counter drugs such as Tylenol and allergy medication.