

# CAMP LAKESIDE 2022 Lakeside Baptist Assembly

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**Overnight Camps:** Sunday 5pm – Thursday 8pm (*\*Camp will not be open until 5pm*)  
 Week 1: June 13-17/ Day Camp 1<sup>st</sup>-6<sup>th</sup> Grades    Week 3: June 26-30/ 4<sup>th</sup> – 6<sup>th</sup> Grades  
 Week 2: June 19-23/ 1<sup>st</sup>-3<sup>rd</sup> Grades                      Week 4: July 10-14/ 6<sup>th</sup> – 8<sup>th</sup> Grades  
 Week 5: July 17-21/ 9<sup>th</sup>-12<sup>th</sup> Grades

\$155 for the first week (price includes meals, lodging, snacks, crafts, and t-shirt)  
 \$135 for any additional weeks (t-shirt NOT included)  
 \$135 per week for any additional children in the same family

**Day Camp:** Monday - Friday 8am – 3pm  
 \$80 per week (price includes lunch and t-shirt); \$65 for second child in the same family.  
 Buses will run each day both Tallahatchie and Grenada counties.

**Arrival:** 5pm - 8pm Sunday evening for overnight camp  
 8am Monday morning for day camp

**Departure:** 6pm Family Supper  
 7pm Family Program (All campers must be picked up by 8pm Thursday Evening).

**Policies:** Each camper is expected to be true to the ideals and regulations of camp.  
 No smoking, alcohol, drugs, or profanity is allowed.  
 The Director reserves the right to dismiss or refuse any camper who is deemed undesirable.

**SUGGESTED ITEMS FOR OVERNIGHT CAMP**

**Please label everything**

- Bible
- Appropriate clothing (Please make clothing appropriate. No short shirts, halter tops, muscles shirts, or foul language or advertisements on clothing)
- Comfortable tennis shoes
- Soap, shampoo, tooth brush, tooth paste, towels, wash cloths, etc...
- Swim suit: (One piece only, appropriate cover must be worn when not in the pool)
- Pillow, sheets & blanket, or sleeping bag
- Flashlight
- Sun screen
- Light jacket (nights can turn cool)
- Any regular medications (please provide written instructions or the original bottles for each prescription)
- NO ELECTRONICS ALLOWED (*Cell phones, I-pod, radio, TV, etc.*)
- NO KNIVES ALLOWED
- NO MONEY IS NEEDED

<b><u>MAIL APPLICATION TO:</u></b>	<i>or</i>	<b><u>FAX APPLICATION TO:</u></b>
Camp Lakeside, 1045 Fairfield Avenue, Grenada MS	38901	662-226-5071 (please call before

CONTACT: Camp Lakeside 662-647-1036

North Central Baptist Association 662-226-5071

2022 Camper Registration Packet

PLEASE PRINT OR TYPE WHEN COMPLETING THIS APPLICATION!

Campers Full Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

T-shirt size: (Adult or Youth) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Day Time Telephone #: \_\_\_\_\_ Evening Time Telephone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Telephone: \_\_\_\_\_

- My child has permission to participate in all camp activities unless stated otherwise here:

YES  NO Please Explain: \_\_\_\_\_

\*\*My child has permission to be included in photographs and videos taken by camp personnel for use in promoting camp/facilities in brochures, videos, and/or newspapers:  YES  NO

- Camp Dates: (Please check the week(s) your child will be attending)

- Week 1(Day Camp): June 13-17/ Grades 1-6
- Week 2(Overnight): June 19-23/ Grades 1-3
- Week 3(Overnight): June 26-30/ Grades 4-6

- Week 4(Overnight): July 10-14/ Grades 6-8
- Week 5(Overnight): July 17-21/ Grades 9-12
- Day Camp Only: Bus Transportation  Yes  No
- If Yes:  Grenada (Wal-Mart)
- Tallahatchie (First Baptist Charleston)

- Payment Options:

- I have attached payment in full. \$ \_\_\_\_\_ \*CK# \_\_\_\_\_
- I will pay in full at registration.
- I am requesting a scholarship from North Central Baptist Association.  
(NCBA scholarships are available first come first serve depending on availability)
- I have a sponsorship from my church. \* Pastor Signature: \_\_\_\_\_  
(Must have Pastor Signature for church sponsorship)
- I am paying for an additional week: 2<sup>nd</sup> Week: \_\_\_\_\_
- I am paying for an additional child: 2<sup>nd</sup> Child Name: \_\_\_\_\_

- Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Health Form

**PLEASE PRINT OR TYPE WHEN COMPLETING THIS FORM!**

Campers Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age on 1<sup>st</sup> day of camp: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Insurance Information

Name and address of personal insurance company or organization providing benefits or services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy or identification number(s): \_\_\_\_\_

Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of member of household through whom benefits/services are available: \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Physician office telephone: \_\_\_\_\_

Date of child's last tetanus or booster: \_\_\_\_\_

Tetanus immunization should be current before a child attends camp.

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- Is camper bringing any medication to camp?  Yes  No  
(If yes, the "Medicine Release Form" portion of this form must be completed)
  - All Medication should be in the original container.
    - Medication not provided in the original container cannot be administered at camp.
  - All medication should be given to the Camp Nurse or Camp Director at the time of registration.
  - Please do NOT send first aid supplies: (aspirin, Tylenol, cold remedies, etc) to camp with your child. The Camp Nurse keeps supplies on hand.

Please indicate any special needs of which the camp staff should be aware (i.e. sleepwalking, bedwetting, other illnesses, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please check “yes” or “no” to each of the following and give a brief explanation of each “yes” answer.

MEDICAL CONDITION	YES	NO	EXPLANATION [please print]
1. Allergic to poison ivy			
2. Allergic to dairy			
3. Allergic to eggs			
4. Allergic to penicillin			
5. Allergic to insect stings			
6. Allergic to peanuts			
7. Allergic to Tylenol			
8. Allergic to Ibuprofen			
9. Allergic to Benadryl			
10. Ear infections			
11. Diabetes			
12. Heart condition			
13. Seizures			
14. Asthma			
15. Other [please explain]			

### **Authorization**

**This health history is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed activities of Camp Lakeside except as noted. I hereby give permission for Camp Lakeside to provide routine health care, administer prescribed medications, and seek emergency medical treatment. In the event I cannot be reach in an emergency, I hereby give permission to the physician selected by the Camp Nurse or Camp Director to hospitalize, secure proper treatment for, and to order injection(s), anesthesia, or surgery for my child as named above.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Medicine Release Form**

(Please place this form in a sealed bag with all medication)

Campers Full Name: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Dosage instructions: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Dosage instructions: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Dosage instructions: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Dosage instructions: \_\_\_\_\_

Name of medicine: \_\_\_\_\_ Dosage instructions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The following persons have my permission to pick up my child from Camp Lakeside:

Name	Relationship	Address	Telephone No.

The following persons DO NOT have my permission to pick up my child from Camp Lakeside:

Name	Relationship	Address	Telephone No.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_