

Camper Registration Form

to be filled out ONLY if NOT completed online

Name (First) _____ (M.I.) _____ (Last) _____
Birthdate (M/D/YR) _____ Sex _____ Home phone _____
Address _____ (city) _____ (state) _____ (zip) _____
Parent email _____

Cabin mate: One request, no guarantee _____

BOTH friends, of the same age, must request EACH OTHER to be placed in the same cabin. All requests must be made prior to camp. We will do our best, but there is NO guarantee that all requests can be accommodated. No changes will be made at registration.

First Time camper? [] YES [] NO

If yes, please specify how you heard about camp?

[] Friend [] Church [] Website [] Family [] Other

EMERGENCY CONTACTS

Mobile Phone (include area code)

Father

Mother

Other Guardian (+ relation)

Other Contact (+ relation)

COST

There is a base cost for each session . Additional fees are added for horses and program activities.

Costs, discounts and financial assistance information can be found on the website.

SUMMER ROUND-UP CAMPERS need to indicate a **first (1) and second (2)** choice for their main program. Please refer to the website for the options offered. Each program has a limited number of openings and an additional fee depending on the program choice.

- ___ Horsemanship (several skill levels)
- ___ Crafts
- ___ Ropes Challenge Course
- ___ Archery
- ___ Outdoor Camping
- ___ Rifle Marksmanship (Age 12 & up)
- ___ Volleyball
- ___ Drawing God's Creation
- ___ Other (if listed on website)

SESSION(S) ATTENDING

5-day horses

Single trail ride

- Pre-Teen 1
- Pre-Teen 2
- Pre-Teen 3
- Teen 1
- Teen 2
- Summer Round-up

INSURANCE INFORMATION: (Submit a photocopy of insurance card if possible)

Name of Insurance Company: _____ ID# _____

Canadian campers may submit their health care card number to expedite the provision of health care services in the event of an emergency. Parents are encouraged to purchase supplemental travel/health insurance for their camper.

OHIP CARD NUMBER _____

IMMUNIZATIONS: Immunization dates are **required by the NYS health department**, up to age 21. Fill out the most recent dates in the **online registration** process or **send in a copy** with your health care provider medical form.

NO LICE/NO NITS POLICY: Parents/guardians are asked to check the camper's hair for evidence of lice and/or nits one week before camp, allowing for adequate time for treatment if necessary. Camp personnel will screen for head lice as campers arrive. *Any camper with evidence of lice will NOT be admitted to camp.*

STORE MONEY: Camp has a store where snacks and merchandise can be purchased. You may make a deposit for the camper's store account online or when you arrive to camp. Balances in excess of \$5 at the end of the session will be refunded based on the original payment method. There is a minimum charge of \$5 for credit and debit transactions at the camp store.

DISCOUNTS & ASSISTANCE: Discounts are not automatically applied online. If you are eligible for the Bring-a-Friend Discount or need financial assistance please email the registrar (registrar@liloli.org) prior to arrival at camp.

Name (First) _____ (M.I.) _____ (Last) _____

Disclaimer & Acknowledgement

Camper Contact Information

Camp Li-Lo-Li will make every effort to protect the contact information of all campers and staff. Contact information will not be sold or given to any other organization. I understand that by providing my contact information, I will be included in camp address lists for Camp Li-Lo-Li’s marketing and communication purposes. Campers may give their own contact information to other campers or staff at their discretion.

Medical Acknowledgements

I hereby grant permission to the camp medical personnel:

- to administer any necessary medical treatment to my child while at camp, including but not limited to first aid and administering prescription and over the counter medication according to the written orders from the camper’s health care provider.
- to refer my child to a camp selected physician, in event of an emergency where I cannot be reached, who will take whatever action is necessary to care for my child including but not limited to ordering x-rays and appropriate tests, hospitalization, injections, anesthesia and or surgery for my child as named above.
- to obtain necessary medical, psychiatric, or social work records and to receive the results of any medical procedures completed while my child is at camp.
- to access any records necessary for treatment, referral, billing or insurance purposes.

I understand that if my child requires medical treatment off camp property, I am responsible for any expenses, including but not limited to co-payments as required by and associated with this treatment according to the guidelines of my own insurance coverage.

Food Allergies

I understand that Camp Li-Lo-Li strives to provide food that is safe for campers & staff. However, I am aware that it is not possible to control items that campers & staff bring from home that might be consumed on the grounds. Camp can never promise a “nut free” (or other allergy free) camp environment.

The camp kitchen staff is comprised of all volunteers, most of whom are not serving for more than a week. The head cooks have some training in the area of food allergies, but some staff may not fully understand the ramifications of each individual food allergy/intolerance.

- Those with food allergies need to be able to advocate for themselves, ask questions and read food labels to determine what is safe for them to consume. Even with all precautions, I understand there is no guarantee that cross contamination will not occur.
- I have read the Camper Special Diets Policy at www.liloli.org/diets and voluntarily waive any claim against Camp Li-Lo-Li, its staff members, and board of directors against all liability, claims, damages, attorney fees or expenses arising out of or in connection with food prepared during my child’s stay.

Camp Photo and Video Images

I give permission for images of myself / my child, taken at camp through video, photo or digital camera to be used for the purpose of Camp Li-Lo-Li promotional materials and publications and waive the right to compensation or ownership. The photos and videos may also be posted on camp’s social media and/or made available publicly for campers to enjoy memories of their camp experiences.

Camper Behavior Expectations

Campers are expected to maintain high standards of behavior and speech. Vulgar language, illegal drugs, alcohol & smoking are examples of unacceptable conduct that might lead to campers being sent home. I understand the Camp Li-Lo-Li behavioral expectations include:

- Respecting those in authority over you by being obedient and respectful.
- Showing kindness and compassion by including others in all activities.
- Being sensitive to others feelings by the things said or done.
- Respecting self and others, other’s belongings, camp buildings and property.
- Respecting Camp’s no cell phone policy for campers.
- Remaining quiet while instruction is being given.
- Being truthful and honest in all matters.
- Avoiding inappropriate conversations or unkind comments.
- Refraining from any aggressive physical contact.
- Dressing modestly at all times.

I have reviewed the information above and I give permission for my child to participate in all activities associated with the camp which are represented on the website (www.liloli.org/activities).

X _____ Name _____ Date _____

SIGNATURE (Parent / Guardian)

(please PRINT)

If your child has any special needs or circumstances that would be helpful for camp staff to know, please **notify the registrar**. This information will be kept confidential.

Required by NY State Health Department: Information regarding the MENINGOCOCCAL MENINGITIS IMMUNIZATION (Menactra, Menovo) will be sent to all campers who plan to stay for more than 7 consecutive nights. Response from parent/guardian will be required.

www.liloli.org

Completed forms can be sent to the Camp Registrar by:
 Mail: 8811 Sunfish Run Road, Randolph, NY 14772
 Fax: 716-313-1760 or Email: registrar@liloli.org

