

# 2010 APPLICATION

Both Pages Must Be Completed

Extra copies may be made

## Section 1: Campers Information: (Please Print Clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ First time at LCCC?  Yes  No

Mailing Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Male  Female \_\_\_\_\_ Age \_\_\_\_\_ Grade going into Fall 2010

Home Congregation \_\_\_\_\_ Baptized  Yes  No

## Section 2: Parents/Guardian Information: (Please Print Clearly)

Names \_\_\_\_\_ Relation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

## Section 3: Session (Complete A Separate Application For Each Session)

Session	Directors	Dates	Grades	Fee
<input type="checkbox"/> Beginner	Michael Clark & Brandon Haynie	June 4th - 5th	3rd - 4th	Free*
<input type="checkbox"/> Junior	David Dittmeyer	June 13th - 19th	5th - 7th	\$100.00
<input type="checkbox"/> Xtreme Week	Darrell Lanford & Todd Brumley	June 20th - 26th	8th - 12th	\$135.00
<input type="checkbox"/> Intermediate	Michael Parks	July 11th - 17th	7th - 9th	\$100.00
<input type="checkbox"/> Senior	Doug Gunselman & Gavan Byrd	July 25th - 31st	9th - Grads	\$100.00

All sessions write your T-Shirt size here: \_\_\_\_\_

\*Beginner Session have different start & stop times & \$10 T-Shirt Fee (optional), see description in application.

## Section 4: Payment Information:

Amount Paid \$ \_\_\_\_\_ (Send camp fee only)  Cash  Check/Money Order  \*\*Church Paid

If you are applying 2 weeks prior to the camp, please bring the application with you to the camp.

If paying on the first day of camp, include \$5 extra with payment.

\*\*Contact Brent Dittmeyer for information on sponsored campers at 580-233-2859 or [bdittmeyer@searshc.com](mailto:bdittmeyer@searshc.com)

**Please Pre-Register your Campers Today!!!**

## Section 5: Insurance Information: (Please Print Clearly)

Name of your insurance company \_\_\_\_\_

Mail applications (make sure both pages are completed) with the camp fee to **Lariat Creek Christian Camp Treasurer RR 1 Box 93A Amorita, OK 73719** no later than 2 weeks prior to camp session.

LCCC Treasurer  
c/o Becky Smith  
RR 1 Box 93A  
Amorita, OK 73719  
[cropper@sctelcom.net](mailto:cropper@sctelcom.net)  
580-474-2622

**Mail the LCCC application no later than 2 weeks prior to the camp session**

To receive conformation: enclose a stamped self addressed envelope.

For additional Summer Camp information visit:  
[www.lariatcreek.org](http://www.lariatcreek.org)

**Section 6: Authorization For Medical Care (Parent/Guardian Info From Section 2 Must Be Complete)**  
I, Parent or Guardian, consent to any x-ray, examination, anesthesia medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma. In giving this consent I recognize and understand that in situations where the named minor below requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment, in such situations. I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Authorization given for \_\_\_\_\_ (Childs Name)  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)  
Comments or medical information \_\_\_\_\_

Please attach a note to this form if your camper has any known allergies or medical conditions or is on any medication. Please note any other stresses the camper is experiencing that would be helpful for our staff to be aware of. If you are the guardian of above named child, please attach a copy of your letters of guardianship or other appropriate legal documentation proving your status as guardian.

Prescription drugs must be in their original container with the physician's directions and camper's name on it. You may send over the counter drugs for the camper's use while at camp. State Law requires all medication to be kept in the infirmary and dispensed by the medical staff. Campers may not keep medications with them.

For administration of non-prescription medications such as aspirin, cold & allergy pills, etc. to your child when necessary, please sign here:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**Section 7: Application Approval**

This application has my approval. I understand the director has the right to dismiss my child from camp, if necessary. I warrant that I have the right to authorize the foregoing and do hereby agree to hold the LCCC organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

I further agree that in the event that my child or I should make any claim against the LCCC organization for damages arising out of it's planned programs, activities, or sports I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby including attorney's fees.

My insurance listed above will cover any accident my child may incur. I further understand that Lariat Creek Christian Camp reserves the option to reject this application at any time. I will add a \$5 late fee if application is brought the first day of camp.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_