



Centered in Christ • Transforming Lives • Changing our World  
**LANCASTER MENNONITE SCHOOL**  
**Summer Camp Application Form**

- Please complete one application form per child for each sport/activity and attach a separate payment with each application
- Please complete the Medical Treatment Release form at the bottom of this page
- **EARLY BIRD DISCOUNT:** Deduct \$15 per application for all applications submitted on or before **May 31**

Camp name: \_\_\_\_\_ Camp dates: \_\_\_\_\_

Regular camp cost: \_\_\_\_\_ Camp cost if application submitted on or before May 31 (deduct \$15): \_\_\_\_\_

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

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

Home address: \_\_\_\_\_  
Street address City/Town Zip Code

Home telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's work telephone number: \_\_\_\_\_ Mother's work telephone number: \_\_\_\_\_

Enrollment is limited. Applications will be accepted on a first-come, first-served basis. A nonrefundable \$15 deposit must be included with each application in order to reserve a place in each camp. (If enrollment is not sufficient to run a camp, the deposits for that camp will be refunded.) The balance is due at registration. Checks should be made payable to **LMS Summer Camps**. Registration details will be mailed in a confirmation letter which will follow after arrangements are final.

**Field Hockey Campers:** Are you a goalkeeper?  yes  no **Soccer Campers:** Are you a goalkeeper?  yes  no

**Basketball, Field Hockey, Soccer, Tennis and Volleyball Campers T-shirt size:**

Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

**Questions?** Contact Rachel Denlinger at 299-0436, ext. 310  
 or denlingerm@lancastermennonite.org

Please return applications and deposits to: **LMS Summer Camps**  
 2176 Lincoln Highway East  
 Lancaster, PA 17602

## Permission Form

*I hereby give permission for \_\_\_\_\_ (camper's name) to receive emergency treatment at a local medical center or at any hospital or doctor the school deems appropriate.*

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

Medical insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Please give the name and phone number of an **emergency contact** in case parent(s)/guardian(s) cannot be reached. Lancaster Mennonite School, the camp director, and the instructors do not carry insurance for injuries or health-related claims. The parent(s)/guardian(s) are responsible to carry insurance for each child they enroll.

Emergency contact name: \_\_\_\_\_ Emergency contact telephone number: \_\_\_\_\_

*I hereby give permission for my child to be included in photographs used for summer camp publicity:*  yes  no

**For office use only**  
 Deposit fee paid: \_\_\_\_\_ Balance due at registration: \_\_\_\_\_  
 Medical treatment release form signed:  yes  no Early application discount:  yes  no