



LANCASTER MENNONITE

HERSHEY CAMPUS

2017 Summer Camp Application Form

- Please complete one application per child.
- Please complete the Medical Treatment Release form at the bottom of this page.

Camp name: _____ Camp dates: _____

Camp cost: _____

Camper's name: _____ Age: _____

Grade entering this fall: _____ T-Shirt size: _____

Name of Parent(s)/Guardian(s): _____

Home address: _____

Telephone number: _____ Email address: _____

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. (If enrollment is not sufficient to run the camp, the deposits will be refunded.) The balance is due at registration. Checks should be made payable to **LM Summer Camps**. Registration details will be mailed in a confirmation letter which will follow after arrangements are final.

Please return applications and deposits to: **LM Summer Camps**, Hershey Campus, 1525 Sand Hill Road, Hummelstown, PA 17036.

Permission Form

I hereby give permission for _____ (camper's name) to receive emergency treatment at a local medical center or 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 parents(s)/guardian(s) are responsible to carry insurance on each child they enroll.

Emergency contact name: _____ Emergency contact phone 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