



LANCASTER MENNONITE

Centered In Christ • Transforming Lives • Changing Our World

2017 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: _____ T-Shirt Size: _____

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

Home address: _____
Street address City/Town Zip Code

Telephone number: _____ E-mail 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 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.

Questions? Contact your specific camp director:

- Girls Soccer ----- Andrew Keener ----- akeener11@gmail.com
- Boys Soccer ----- Fred Winey ----- wineyfk@lancastermennonite.org
- Girls Basketball ----- Dani Zeamer ----- danizeamer@yahoo.com
- Boys Basketball ----- Seth Buckwalter ----- buckwaltersh@lancastermennonite.org
- Field Hockey ----- Karisten Buckwalter ---- buckwalterkn@lancastermennonite.org
- Spanish Immersion --- Karen Maddox ----- maddoxke@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