



HERSHEY CAMPUS

Recorder Expo Summer Camp

Please complete one application per child.

Camp dates: July 9-13

Time: 9:00-11:00 a.m.

Camp cost: \$100

Camper's name: _____ Age: _____

Grade entering this fall: _____

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

Home address: _____

Telephone number: _____ (h) _____ (c)

Email address: _____

Emergency Contact Information - Alternate PickUp/Release

Name: _____

Telephone number: _____ (h) _____

Relation to child: _____

Enrollment is limited. Applications will be accepted on a first-come, first served basis. A nonrefundable \$20 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.

Medical Treatment Release

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: _____

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.

I hereby give permission for my child to be included in photographs used for summer camp publicity:

YES

NO