



Camper Registration Form



Camp Office Use	12/13/2024
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Both sides MUST be completed!
Or scan QR Code to go to online registration

Camper's **LAST** Name: _____ Sex: Male Female

FIRST Name: _____ Grade ENTERING Fall '25: _____ Date of Birth: _____
mm/dd/yy

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Family Phone: (_____) _____

Family e-mail address: _____ @ _____

(Confirmations will be sent by email unless no family e-mail address is available)

Father's/Guardian #1 Name: _____ Emergency Phone #'s (area codes): _____

Mother's /Guardian #2 Name: _____ Emergency Phone #'s (area codes): _____

Camper lives with (if different than above): _____ Relationship to camper? _____

Camper's Home Church: _____ City _____ Member? _____

Attending camp with a specific church group other than your own? Church Name/City: _____

All campers should be aware and agree:

"I, the camper, understand that the main purpose of this camp is to help me grow spiritually and that the rules of the camp are based on the Christian value system. **I, the camper, have read the rules (in brochure or online) and agree to cooperate fully.**"

Summer Camp 2025 -



Check Program(s) Attending... **Code represents grade entering** in the Fall of 2025

Lakeside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> L123a	June 12-13	\$25	\$115	(\$25)
<input type="checkbox"/> L123b	July 24-25	\$25	\$115	(\$25)
<input type="checkbox"/> L234	June 29-July 2	\$50	\$260	(\$50)
<input type="checkbox"/> L456a	June 8-12	\$50	\$375	(\$75)
<input type="checkbox"/> L456b	July 20-24	\$50	\$375	(\$75)
<input type="checkbox"/> L567	June 15-20	\$50	\$490	(\$100)
<input type="checkbox"/> CW678	June 22-27	\$50	\$495	(\$100)
<input type="checkbox"/> L678a	July 13-18	\$50	\$495	(\$100)
<input type="checkbox"/> L678b	July 27-Aug 1	\$50	\$495	(\$100)
<input type="checkbox"/> CW9-12	July 6-11	\$50	\$499	(\$100)

CW = Campuswide event both campuses for same program.

Life Expeditions - Wilderness Base Camps	Program	Date	Fee	A.B. Discount*	Deposit**	Name
<input type="checkbox"/> LE ViW 4-6	June 8-12	\$350	(\$75)	\$50	VoiceWild	
<input type="checkbox"/> LEcanoe 7-9	July 6-10	\$350	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LEcanoe 8-10	July 13-17	\$350	(\$75)	\$50	Peace Riv	
<input type="checkbox"/> LE NFLSp 9-12	July 20-24	\$495	(\$75)	\$75	NFL Spri	
<input type="checkbox"/> LE SURV 9-12	June 22-27	\$465	(\$100)	\$50	Survival	

Hillside Camp	Date	Deposit**	Total Camp Fee	Aurora Buck Discount*
<input type="checkbox"/> H345a	June 15-19	\$50	\$375	(\$75)
<input type="checkbox"/> H345b	July 27-31	\$50	\$375	(\$75)
<input type="checkbox"/> H456	July 13-17	\$50	\$375	(\$75)
<input type="checkbox"/> SportsGirls	July 20-24	\$50	\$375	(\$75)

CampusWide programs use this campus with Lakeside. See above.

*Aurora Bucks available from Lake Aurora Supporting Churches. List online.

**Deposits are not transferable or refundable. Total Camp Fee includes deposit. All but the deposit is refundable if requested 2 weeks in advance

Leadership Training

Program	Date	Deposit**	Total Fee	A.B.D.*
<input type="checkbox"/> Big MAC (8-9 Gr)	June 8-13	\$50	\$485	(\$100)
<input type="checkbox"/> Aquatic Training	June 2-6	\$50	\$395^	(\$75)

^ Includes Red Cross Fee for online training materials & access.

Must be 15 yrs old by June 3.

<input type="checkbox"/> WHOLE - Leadership	June 6-12	\$25	\$80	(N/A)
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9-12 Grade - Voice in Wilderness logistics and counselor training

Alpha Program: \$100 Application Fee (transfer/refund- if not selected)

Choose a first choice and a second choice: (App. sent after registration)

<input type="checkbox"/> A - Session	June 8-20	<input type="checkbox"/> C - Session	July 6-18
<input type="checkbox"/> B - Session	June 22-July 2 (11d)	<input type="checkbox"/> D - Session	July 20-August 1

Camp Friendship - Special Needs June 29-July 1 Request Registration form \$210

Pre-sale 2025 Camp theme shirt: \$15. Indicate size & include payment.
Distributed on check in day. Include payment with registration. 1 shirt per child
Presale cut off date June 1. Purchase on campus after June 1.

Youth S Youth M Youth L
 Adult S Adult M Adult L XL 2XL (+ \$2) 3XL (+ \$2)

Total Camp Fee listed _____
Subtract "Aurora Buck Discount" _____ ** Deposits are not
Rec'd from which Church/City? _____ transferable or refund-
_____ - (_____) able. All but the deposit
_____ is refundable if request-
ed 2 weeks in advance.

Camp fee owed _____

Amt. of camp fee paying with registration _____
Deposit or Camp fee owed** _____

OPTIONAL Pre-pay items - May also purchase at check in
Group Camp Photo \$6.00 + _____ Note: \$5 canteen card/
Canteen/Store Debit Card* + _____ spending money ac-
(Any amount up to \$60) + _____ count included in fee
Pre-sale Shirts @\$15 each + _____ for **'on campus'** pro-
grams. Additional funds
may be added.

Total \$ amt enclosed/charged = _____

Payment Method: Check Am Express Mastercard Visa Discover
CC# _____ - _____ - _____ Exp date: ____/____/____
Security code: _____
Amt to Charge \$: _____
Print Name on Card: _____
Billing Address (if different than camper): _____
Signature: _____ Ph#: _____

Health Record

 - The following information must be **completely filled in** and signed by parent/legal guardian.

Camper's Legal Name: _____ **Date of Birth:** _____

Name camper uses - if different than above: _____

Required - Year of Last Tetanus Booster _____

(Sometimes referred to as DTP or Td or Tdap on health forms. Required at school entry for Kindergarten & 7th grade)

Check boxes for up to date **Vaccinations** as **required** by Florida law for school entry.

- Diphtheria - Tetanus - Pertussis Series (DTP) Hepatitis B Series Polio Series Varicella (or had "chicken pox")
- Measles - Mumps - Rubella (MMR)

PLEASE NOTE if camper has any of the following:

- Convulsive Disorders Chronic/Recurring Illness Frequent Ear Infections
- Recent Illness or Injury Contagious Disease(s) ADD/ADHD
- Special Conditions to be watched for : _____ See Attached

Overall Good Health to participate in camp activities?

Recent conditions that may restrict this camper from certain camp activities: _____

Optional: Any recent life changes (death in the family, divorce, etc.) _____

NO KNOWN ALLERGIES

Allergies: Please list any food, medication, insect, etc. allergies & describe reaction & management of reaction:

Allergy: _____ Reaction/Management: _____
Allergy: _____ Reaction/Management: _____

Rx - All medications (Prescription/Over-the-counter/Herbs) must be in **original container** & turned in upon arrival. LIST or Attach

Name of Medication _____ Dosage _____

Reason for taking: _____

Name of Medication _____ Dosage _____

Reason for taking: _____

Camper's Physician _____ Physician Phone _____

Yes No "My child may be given over-the counter oral medication as deemed necessary by the camp infirmary, according to protocol, for comfort measures."

(Aspirin will NOT be given) Exceptions: _____ Weight of camper (for dosage) : _____

Health Insurance Information:

Insurance Company _____ Policy/Group # _____

Insured's Name _____ Insured's Date of Birth _____

Emergency Phone Numbers:

If Parent/Guardian is not available, please contact:

Name: _____ Phone: _____

Relationship to camper? _____

In Case of Emergency & Permission to Participate:

"To the best of my knowledge my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission for a health care professional to do what is necessary for the health of my child. I have reviewed this form and certify that all appropriate medical information is included. I understand I will be notified if my camper has any of the following: if they have an overnight stay in the infirmary, if they have a fever, **severe** allergic reaction to food, insect bite, etc., or have a need for an emergency room trip. I understand that there are elements of inherent risk associated with activities at camp. I have full knowledge and understanding of inherent risks associated with the Lake Aurora Summer Program, including but in no way limited to (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, (4) illness, including exposure to and infections with viruses, bacteria, and infectious diseases. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of the Agreement.

I recognize that this is a Christian camp, that the Bible will be studied, and that camper conduct, as expressed in the camp literature, will be expected that is consistent with Christian values. I understand that cell phones are **not** permissible for campers and will not allow my child to bring one to camp. I also give my permission for the use of photographs/videos including my child to be used in future camp publicity."

Parent/Guardian Signature

Date _____

Required  _____
(Parent or Legal Guardian)



Please return Registration & payment to:

Lake Aurora Christian Camp

237 Golden Bough Road Lake Wales, FL 33898

863.696.1102 Office

info@lakeaurora.org