

**Wisconsin-North Michigan Youth Camp 2025
Camp Week 4 (jr/sr high3)- July 21st-25th**

Summer Camp Registration before June 19th: \$262 or (\$40 up front non-refundable this will guarantee your students spot and you can make payments up till June 18th)

Summer Camp Registration after June 19th: \$292 (All up front if spots are available)

Option #1: Do it Yourself- (Payment to Camp)

Go online to camp.studentmin.com and click **Register Now** and fill out the registration and **Pay** directly be sure to select **CAMP WEEK 4 (Camp JR/SR 3) (July 21st-25th)** and select **Tomah (Lighthouse Assembly)** to ensure that your student is will be going with us to camp- **Registration opens online April 1st. See Pastor DC for Login and Password**

Option #2: Pastor DC help you do it- (Payment to Lighthouse Assembly)

Please make your checks out to **Lighthouse Assembly** in **Memo** put **Student name and Youth camp**. Then Fill Out the Form Below and return to Pastor DC and he will do the online registration for you
***Camp fills fast- So if you cannot do all \$262 upfront but know for sure your student is going do the \$40 quickly to reserve their spot**

Option #2 Registration Form

Parent Info:

Parents First Name: _____ Last Name: _____

Email Address: _____ Phone Number: ____/____/____

Camper Info:

Student First Name: _____ Last Name: _____

Preferred Name: (i.e. nickname) _____ Gender: Male or Female

Birthdate: _____ Grade: _____

Phone Number () _____ Email _____

Mailing Address: _____ City: _____ St: ____ Zip: _____

Is Student allowed to swim: _____

In case of medical emergency, please contact:

Emergency Contact _____ Emergency Phone () _____

Insurance Provider: _____ Insurance Group Number: _____

Insurance ID: _____ Date of last Tetanus Shot _____

Doctor's Name _____

City _____ Phone () _____

In case of emergency, is there anything the camp health personnel or the doctor should know? _____

If the camper suffers from any of the following, please identify.

___ Heart Trouble ___ Diabetes ___ Skin Trouble ___ Fainting spells ___ Lung trouble ___ Ear Trouble ___ Sinus Infection

Allergies (specify) _____

Medication allergies ___ Yes ___ No (specify if yes) _____

Is camper allergic to insect bites? ___ Yes ___ No (specify if Yes) _____

Explain any other health problems? _____

If Student is bringing medication please list the name of the medicine, strength/dosage, Time of day taken?

(All medicine must be sent in original packaging)

Can the student be given over the counter meds? (Please circle) Tylenol Ibuprofen Benadryl Cough

Syrup/Drops Petpo Anti-itch Cream Antacids Antibiotic Ointments

Is the student bringing Inhaler or Epipen? (specify) _____

Is the student being treated for any injury or sickness? (specify) _____

Does Student Sleep Walk? _____

Are Immunizations Current: _____ Last tetanus Shot Date: _____

Dietary Restrictions: _____

In Signing and filling out this form you give Pastor DC of Lighthouse Assembly the right to sign your name to the online registration form for Your Student to attend Wisconsin-North Michigan Spencer Lake Camp Week 4

_____ (Parent/Guardian Signature)

I _____ (name of student) understand that if I do not follow the rules or behave in a manner that is dangerous or hurtful toward any other camper or camp leader, I will be sent home. I understand that there are rules that need to be followed and will follow these rules. My parents/legal guardians will be called and they will arrange a ride home immediately at their expense.

_____ (Student Signature)

_____ Date