

CAMP AURORA REGISTRATION AND HEALTH FORM

Little Lambs Camp

Camper #1

Male Female Name: _____

Date of Birth: _____ Age (as of first day of camp): _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Names: _____

Home Phone #: _____ Parent Cell #: _____

Parent Email: _____

Camper #2

Male Female Name: _____

Date of Birth: _____ Age (as of first day of camp): _____

*for further campers, please provide names, birthdates and ages on the back of this page.

Parent #1

Male Female Name: _____

Parent #2

Male Female Name: _____

My family would like to be in the same cabin as: _____

This is our first time at Aurora Lutheran Bible Camp: Yes No

List campers' previous experience away from home: _____

Swimming Level/Ability:

Camper #1

Beginner Intermediate Advanced Level (if applicable): _____

Camper #2

Beginner Intermediate Advanced Level (if applicable): _____

Camper #1

Allergies/Medical Concerns: _____

Medications: _____

Family Physician: _____ Health Card #: _____

Camper #2

Allergies/Medical Concerns: _____

Medications: _____

Family Physician: _____ Health Card #: _____

Parent #1

Allergies/Medical Concerns: _____

Medications: _____

Family Physician: _____ Health Card #: _____

Parent #2

Allergies/Medical Concerns: _____

Medications: _____

Family Physician: _____ Health Card #: _____

Home Church Congregation (if applicable): _____

Where did you hear about Aurora Lutheran Bible Camp?: _____

Emergency Contact Information:

1) _____ Phone #: _____ Relationship: _____

2) _____ Phone #: _____ Relationship: _____

- Check here if you **DO NOT** want Camp Aurora to use this camper's image in promotional materials.
- I am fully aware of any and all possible dangers and inherent risks involved in the camp program and activities.
- I hereby release Aurora Lutheran Bible Camp, its agents, members, Camp Board, employees and volunteers and hold them harmless from any and all liability for any accident, injury or claim arising from the camper's use of Camp Aurora or any of its facilities, or by virtue of participation in any of its programs.

I hereby agree that the above information is correct. I have read and understand the conditions of enrolment, the release and waiver and I agree to be bound by its terms.

Signature: _____ Date: _____

Payment by: Cheque/Cash E-transfer

Registration: _____

T-Shirt (optional): _____ (\$20.00 each - Youth (S M L XL) Adult (S M L XL))

TOTAL: _____