

2017 Summer Arts Camp Application  
July 17-20 and July 24-27  
Lakeside United Methodist Church  
2333 Hilliard Road, Henrico, VA 23228  
804-266-7016

DEADLINE: JULY 12, 2017

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Sex (please circle) M F Age as of 7/1/2017 \_\_\_\_\_ Grade entering 9/2017 \_\_\_\_\_

School attending 9/2017: \_\_\_\_\_

**T-shirt size** (Please Circle): Child/Youth: XS S M L Adult: S M L XL XXL

**HEALTH INFORMATION**

In case of emergency, please call: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Is your camper on any prescription medicine? Yes or No

If yes, please include dosage, time(s) and any special instructions.

Does camper have any medical problems or limitations *including allergies*? (Please list)

\_\_\_\_\_  
\_\_\_\_\_

I hereby agree to emergency medical treatment for the applicant if the church is unable to contact me.

Signature \_\_\_\_\_

Hospital Preference \_\_\_\_\_