

**Lion Institute Camp**

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Contact Information**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

(circle) Male or Female

Health/Allergies: \_\_\_\_\_

Who else has permission to pick up the student?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Make checks payable to:

LLCA Please put "Lion Institute Camp" in the memo field.

Please turn in forms to the reception desk at any LLCA campus.

**Electronic and Medical Release Form**

I give permission for my child, \_\_\_\_\_, to be treated for any injury that occurs at Lion Institute Camp that will take place at Camp Helen on July 15-18, 2019. I also give permission for my child's picture to be taken while at camp.

Signature \_\_\_\_\_

For questions contact Ginger Ward at [llca.ginger@lindsaylane.org](mailto:llca.ginger@lindsaylane.org).