Summer Camp Application Form

· Please complete one application per child.

Camp cost:

Grade entering this fall:	T-Shirt size:
Name of Parent(s)/Guardian(s):	
Home address:	
	Email address:
Enrollment is limited. Applications	will be accepted on a first-come, first served basis. A nonrefundable \$15
deposit must be included with each	application in order to reserve a place. (If enrollment is not sufficient to run
the camp, the deposits will be refu	nded.) The balance is due at registration. Checks should be made payable to
LM Summer Camps. Registration d	etails will be mailed in a confirmation letter which will follow after
arrangements are final.	
Please return applications and dep-	osits to: LM Summer Camps, Hershey Campus, 1525 Sand Hill Road.
Please return applications and dep- Hummelstown, PA 17036.	osits to: LM Summer Camps, Hershey Campus, 1525 Sand Hill Road,
	Permission Form
Hummelstown, PA 17036.	Permission Form
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Hummelstown, PA 17036. I hereby give permission for emergency treatment at a local me Parent/ Guardian signature: Medical insurance company: Please give the name and phone no reached. Lancaster Mennonite Sch	Permission Form [camper's name] to receive relical center or any hospital or doctor the school deems appropriate. Policy number: umber of an emergency contact in case parent(s)/guardian(s) cannot be
Hummelstown, PA 17036. I hereby give permission for emergency treatment at a local me Parent/ Guardian signature: Medical insurance company: Please give the name and phone no reached. Lancaster Mennonite School health-related claims. The parent	Permission Form [comper's name] to receive relical center or any hospital or doctor the school deems appropriate. Policy number: umber of an emergency contact in case parent(s)/guardian(s) cannot be ool, the camp director, and the instructors do not carry insurance for injuries its(s)/guardian(s) are responsible to carry insurance on each child they enroll.
Hummelstown, PA 17036. I hereby give permission for emergency treatment at a local me Parent/ Guardian signature: Medical insurance company: Please give the name and phone no reached. Lancaster Mennonite School health-related claims. The parent Emergency contact name:	Permission Form [camper's name] to receive solical center or any hospital or doctor the school deems appropriate. Policy number: umber of an emergency contact in case parent(s)/guardian(s) cannot be ool, the camp director, and the instructors do not carry insurance for injuries
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Summer Martial Arts Camp Application Form Sample

Brendan G. Carr

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