

Dear Family;

Welcome to *Boundless* the 2022 Day Camp program offered through the Lutheran Camping Corporation of Central Pennsylvania. Through Bible study, music, games, crafts, environmental activities, and worship, we will reflect on how we can incorporate prayer in our daily lives and learn how to have a more fruitful conversation with God.

As we strive to do our best to bring the camp experience to your congregation, there are a few things we ask that you keep in mind:

- Please make sure that your child arrives as close to 9 am as possible and that they are picked up at 3 pm.
- When you sign your children in, please be sure to include the name of the person who will be collecting your child at dismissal.
- Please let us know if your child will be absent.
- Please inform us if your child will need to take any medication during the day.
- Please apply sunscreen to your child before your arrival at Day Camp. You might want to send a hat as well.
- On trip days (if applicable), please send a water bottle with your child's name clearly written.
- Please send your child in play clothes that may get dirty or messed with paint, glue or other implements of creative fun.

We are looking forward to a week of fun and learning with the children. If you have any questions, concerns, or anything you feel would make the experience more enjoyable for everyone, please feel free to speak with any of the staff.

Thank you for the opportunity to serve you in this ministry.

In Christ,

LCC Day Camp Staff



**2022 Registration
Congregational Day Camp**

Camper's Name _____ Grade completed _____

Home Address _____ Age _____
_____ Telephone # _____

Name/Address/Tel # of parent or guardian (if different from camper's)



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Home Address _____ Age _____
_____ Telephone # _____

Name/Address/Tel # of parent or guardian (if different from camper's)

Please Read and Sign

Parent's Responsibility: I am interested in the policies, goals and programs of the Lutheran Camping Corporation, and hereby give my child permission to participate in the programs and activities offered at the Congregational Day Camp.

(parent/guardian)

Camper's Responsibility: In signing, I agree to abide by all regulations governing personal conduct and use of the Day Camp property. I am aware that I am expected to cooperate and participate in camp activities. If I do not cooperate, or become a hindrance to the camp program, I understand that I will be sent home.

(camper)

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Informed Permission to Participate
in the Activities of a Lutheran Camping
Corporation Congregational Day Camp

I understand that the participation of my child in this program and its activities is completely voluntary. I have familiarized myself with the site and the activities in which my child will be participating.

I recognize that certain hazards are inherent in camp events, and programs, particularly, but not limited to, the activities of:

- Outdoor/Playground Recreation**
- Sports/Games**
- Swimming**
- Van Transportation**
- Hiking**

I acknowledge that although the Lutheran Camping Corporation and the sponsoring congregation have taken safety measures to minimize the risk of injury to camp participants, they cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by day camp rules, regulations, and procedures for the safety of all camp participants.

I give permission for my child to participate in the activities listed above.

I do not want my child in the following activities:

_____	_____
_____	_____

Camper Name

Parent/Guardian Signature

Date



Parental Consent For the use of Non-Prescription Medicines at Lutheran Camping Corporation Congregational Day Camps

It is the policy of the Lutheran Camping Corporation of Central Pennsylvania to obtain parental or guardian consent for the use of non-prescription (OTC) medications.

Please indicate with a [permission to administer the following :

- ___ **Analgesics** (Tylenol/Acetaminophen)
- ___ **Antihistamines/Decongestants** (Sudafed, Benadryl, Chlortrimeton, Allerest)
- ___ **Antidiarrheal/nausea** (PeptoBismol, Kaopectate, Immodium, Cola Syrup)
- ___ **Cold Symptoms** (Robitussin, Dimetapp, mentholated lozenges)
- ___ **Topical Ointments**
- | | |
|----------------|--|
| Insect Bites | (Rhuligel, StingEase) |
| Sunburn | (Solarcaine, Rhulicream, aloe gel) |
| Poison Ivy/Oak | (Calamine Lotion, Rhuligel) |
| Abrasions | (cleaned with 3% hydrogen peroxide solution soap and water, antibiotic ointment) |

All medications are given in accordance with manufacturer recommendations for camper's age, height and weight.

Any symptoms that are persistent will be brought to the attention of the parent/guardian and a physician if necessary.

Neither the Lutheran Camping Corporation of Central Pennsylvania nor its employees and staff are responsible for the untoward effects of non-prescription medications.

___ Please contact me at this number: _____ before administering any medication to my child.

___ I give permission for the camper named below to receive non-prescription medication during their week at camp, as specified above, when it is deemed necessary by the camp nurse.

Camper Name

Signature of Parent/Guardian

Date _____