



# LANCASTER MENNONITE

Centered In Christ • Transforming Lives • Changing Our World

## 2019 Summer Camp Application Form

- Please complete one application form per child for each sport/activity and attach a separate payment with each application
- Please complete the Medical Treatment Release form at the bottom of this page
- **EARLY BIRD DISCOUNT:** Deduct \$15 per application for all applications submitted on or before **May 31**

Camp name: \_\_\_\_\_ Camp dates: \_\_\_\_\_

Regular camp cost: \_\_\_\_\_ Camp cost if application submitted on or before May 31 (deduct \$15): \_\_\_\_\_

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home address: \_\_\_\_\_  
Street address City/Town Zip Code

Telephone number: \_\_\_\_\_ E-mail 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 in each camp. (If enrollment is not sufficient to run a camp, the deposits for that camp will be refunded.) The balance is due at registration. Checks should be made payable to **LMS Summer Camps**. Registration details will be mailed in a confirmation letter which will follow after arrangements are final.

Questions? Contact your specific camp director:

- Coed Tennis.....Dennis Maust.....maustclay@dejazzd.com
- Girls Soccer.....Sean Boer.....boersr@lancastermennonite.org
- Boys Soccer.....Fred Winey.....wineyfk@lancastermennonite.org
- Boys Basketball.....Seth Buckwalter.....buckwaltersh@lancastermennonite.org
- Field Hockey.....Karisten Buckwalter..buckwalterkn@lancastermennonite.org
- Spanish Immersion.....Karen Maddox.....maddoxke@lancastermennonite.org
- Garden To Table.....Lindsay Carson.....carsonlb@lancastermennonite.org

Please return applications and deposits to:  
**LMS Summer Camps**  
2176 Lincoln Highway East  
Lancaster, PA 17602

## Permission Form

I hereby give permission for \_\_\_\_\_ (camper's name) to receive emergency treatment at a local medical center or at any hospital or doctor the school deems appropriate.

Parent/Guardian signature: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Please give the name and phone number of an **emergency contact** in case parent(s)/guardian(s) cannot be reached. Lancaster Mennonite School, the camp director, and the instructors do not carry insurance for injuries or health-related claims. The parent(s)/guardian(s) are responsible to carry insurance for each child they enroll.

Emergency contact name: \_\_\_\_\_ Emergency contact telephone number: \_\_\_\_\_

I hereby give permission for my child to be included in photographs used for summer camp publicity:  yes  no

**For office use only**

Deposit fee paid: \_\_\_\_\_ Balance due at registration: \_\_\_\_\_

Medical treatment release form signed:  yes  no Early application discount:  yes  no