

# Lake View Camp

## Spring Break

### Work Trips 2012



# NEW ORLEANS

March 9-17, 2012 **or** March 17-24, 2012

*TWO opportunities to serve!*

*We are offering two trips this year because of spring break dates at the area schools and colleges.*

**Who:** Adults, College students, High School students, and Youth Leaders.

**What:** Help with the on-going reconstruction efforts in New Orleans.

**When:** The first trip will leave from Pella Friday evening, March 9 and return Saturday, March 17. The second trip will leave mid afternoon on Saturday, March 17 and return Saturday, March 24. (More information will be sent in the follow up letter.)

**Where:** We will be staying at a church in New Orleans for both trips. Contact information for the church will be provided.

**Cost:** The cost of the trip is \$300 which includes gas for transportation, food while there, housing, and building supplies. Please make checks payable to Lake View Camp and send the deposit (or full payment) with registration form.

**What to Bring:** money for food on the trip down and back and for personal snacks; conservative work clothes— make sure to also bring long pants and long sleeves (no short shorts or tank tops please); work shoes (old tennis shoes); hat; work gloves; water bottle; bedding; pillow; personal toiletries; bath towel

## During the week you will.....



Worship and have small group time.



Meet new people, make new friends, and have fun!

### Registration:

Please fill out the registration and consent form and return to Lake View Camp at the address provided by **February 24**. Spots are limited and will be filled as applications are received so send it in as soon as possible!



Complete various work projects that may include painting, roofing, cleaning, and other projects.



# LAKE VIEW SPRING BREAK REGISTRATION 2012

**NEW ORLEANS** March 9-17

**NEW ORLEANS** March 17-24

Name: \_\_\_\_\_ Male or Female

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Camper Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder (as printed on card): \_\_\_\_\_ Policy #: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

## Please Check

Yes No

1. \_\_\_\_\_ Overall in good health and able to participate in all activities.

2. \_\_\_\_\_ Significant illnesses or injuries (i.e. asthma, diabetes, heart problems, etc.). Please explain: \_\_\_\_\_

3. \_\_\_\_\_ Allergies (i.e. medications, bee stings, food, other). Please list: \_\_\_\_\_

4. \_\_\_\_\_ Medication (list and include dosage, frequency and times). \_\_\_\_\_

5. \_\_\_\_\_ The camp has my permission to administer medications and general first aid to my child as needed.

6. \_\_\_\_\_ Date of last tetanus immunization: \_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact parents / guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Lake View provides accident insurance for every participant, effective upon arrival and ending upon departure. Lake View insurance begins where yours leaves off. Illnesses or sickness are not covered. Any outside charges incurred relating to sickness or illness by your participant will be applied to parents or guardian. I hereby certify that the above information is correct. Lake View staff has my permission to transport my child to and from off-site activities. I also give my permission for the use of photographs including my son or daughter to be used in camp publicity.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(required if participant is under 18 years old)*

## PAYMENT OPTIONS: *(make checks payable to Lake View Camp)*

\_\_\_\_\_ I'm enclosing the full \$300 payment.

\_\_\_\_\_ I am paying part, my church is paying the other part (include check if possible).

\_\_\_\_\_ My church paid it all (include check if possible).

\_\_\_\_\_ I included a \$100 deposit and will send the remaining \$200 by March 6th.

Please attach a copy of your insurance card to this form and return to: Lake View Camp, P.O Box 836, Pella, IA 50219