



# LCU Pine Springs Application

## Parent Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

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

Email \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

## Camper Information

Full Name: \_\_\_\_\_

Camper Cell Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

## Emergency Contact Information

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

Youth Minister \_\_\_\_\_

Mother Cell: \_\_\_\_\_

Father Cell: \_\_\_\_\_

Primary Emergency Contact Number: \_\_\_\_\_

## Insurance/Health Information

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Allergies?: \_\_\_\_\_

Medication?: \_\_\_\_\_

Injuries or any other health history we should be aware of?: \_\_\_\_\_

Do you give permission for the camp nurse to give over the counter medication to your camper if needed?

Week attending: \_\_\_\_\_