



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: _____