

<b>FOR CAMP USE ONLY</b>
CABIN

# CAMP LEWIS

4493 Willard West Road ~ Willard, OH 44890  
 For questions before camp, call 1-859-516-2909  
 For questions during camp 1-606-666-8824  
**REGISTRATION FORM**  
 (To be Completed by Parents)

<b>FOR CAMP USE ONLY</b>
PRE-REGISTRATION
CAMP FEE
STORE

**PLEASE COMPLETE FRONT & BACK**

CAMPER NAME				DATE	
ADDRESS STREET OR ROUTE		CITY		STATE	ZIP
CAMPER'S AGE	GENDER	BIRTHDATE	HAVE YOU EVER ATTENDED CAMP LEWIS?		HOW MANY YEARS?
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

E-MAIL ADDRESS (**MUST HAVE**)

**MUST HAVE FILLED OUT AT REGISTRATION**

IS CAMPER TAKING MEDICATION?    YES    NO   **IF YES, PLEASE LIST ALL MEDICATIONS AND DOSAGE INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

**MUST HAVE FILLED OUT AT REGISTRATION**

CHECK BELOW ANY CONDITION CAMP LEWIS STAFF SHOULD KNOW ABOUT:

HEART CONDITION     
  SEIZURES     
  SLEEP WALKING     
  HEADACHES  
 DIABETIC     
  CONTACT LENS     
  HOME SICKNESS  
 ALLERGIC BEE STINGS (MILD  SEVERE   
 ALLERGIES, IF YES, WHAT ? \_\_\_\_\_  
 ALLERGIC TO ANY DRUGS, IF YES, WHAT? \_\_\_\_\_

**IF NEEDED, CAMPER HAS MY PERMISSION TO TAKE**   
 MOTRIN   
 TYLENOL   
 OTHER   
 MAALOX  
***\*PLEASE MAKE CLEAR IF THEY TAKE CHILDREN'S OR ADULT AND THE DOSAGE YOU WANT THEM TO TAKE.***

OTHER EXPLANATION \_\_\_\_\_

\_\_\_\_\_

ACCOMMODATIONS NEEDED \_\_\_\_\_

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FAMILY PHYSICIAN	PHONE
HOSPITAL WHERE PHYSICIAN PRACTICES	
FAMILY DENTIST	PHONE

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CAMPER NAME

I understand first aid is available at Camp Lewis, that campers are supervised, and if serious injury occurs, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness, but if it is impossible to contact me I give permission for emergency treatment or surgery as recommended by attending physician. No pre-existing conditions are covered by Health & Accidental Insurance.

**This list is also who may pick up your child. We will not let them leave with anyone that is not listed below.**

Signed \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Parent or Guardian Home Phone Work Phone  
Please put father & mother

Neighbor or relative who may be able to locate parent if not at above number.

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

Please note that if your child is found with lice they will be asked to leave Camp Lewis. Parents will be called to come and get their child.

Please sign if you do not want your child's photo on the Camp Lewis website.

**X**

\$55 per person if you pre-register, or \$65 per person if you wait until the day of camp, and we may not have any space available on that day. Just a \$10 deposit will save your spot.

You can pre-register online at

**[www.camplewis.com](http://www.camplewis.com)**

and mail the completed registration form to:

**Camp Lewis  
4493 Willard West Rd.  
Willard, OH 44890**

For any question, please call 1-859-516-2909