



2026

CAMPER REGISTRATION

Parent or Guardian: Please print clearly and complete this entire form [All lines, both sides]

Camper's Name: _____

Sex [circle one]: M F Age: _____ Date of Birth: _____

Shirt Size: Adult / Youth _____

Mailing Address: _____

Grade Completed [as of June 2026]: _____

City: _____ State: _____ ZIP: _____

Primary Phone: [_____] _____

Parent/Guardian's Full Name: _____

E-mailAddress: _____

Primary Phone: [_____] _____

Alternate / Work Phone: [_____] _____

Additional Contact Person: _____

Relation: _____

Primary Phone: [_____] _____

Alternate / Work Phone: [_____] _____

Additional Contact Person: _____

Relation: _____

Primary Phone: [_____] _____

Alternate / Work Phone: [_____] _____

Requests for specific cabin-mates [if any] 1: _____

2: _____

Church and Pastor's Name: _____



2026 Camp Session(s) Requested

[Check all weeks that apply]

Please visit www.chinalakecamp.org for more details on each camp week

- Teen Camp** June 21 - 26
Ages 13-18
- Kids' Camp** July 5 - 10
Ages 8-12
- Intro to Camp** July 5 - 7
Ages 5-8
- Boys' Camp** July 19 - 24
Ages 11-14 *boys only*

- Girls' Camp** August 2 - 7
Ages 11-14 *girls only*

Camp Cost Calculator

Base Cost of Camp \$ _____
 Early Registration Discount
 [Before April 1, save \$25] -- \$ _____
 *Multi-camper discount -- \$ _____

Scholarship (Church, etc.) \$ _____
 Church China Lake Camp
 Amount Enclosed with form
 [min. \$50 non-refundable deposit] -- \$ _____

BALANCE DUE UPON ARRIVAL \$ _____

Method of Payment:

Cash Amount: _____

Check Check #: _____

Make checks payable to China Lake Camp

Please **Mail** this form with check to:
China Lake Camp 255 Neck Road
 China, ME 04358

CLC is pleased to offer a family-friendly, multi-camper discount. The first camper's cost is full price, each additional camper from your household or additional weeks of camp for the first camper is eligible for a \$15 discount off the cost of their week at camp. This is limited to children living within the same household.

ATTENTION RETURNING CAMPERS: Under the current state health requirements WE NOT ABLE TO RE-USE IMMUNIZATION RECORDS FROM YEAR TO YEAR. You will be asked to present a new copy of your child's immunization upon registering for camp with the camper health form. Thank you for your cooperation and understanding.

Additional Camper Information: Please briefly provide any additional information that you wish for our staff to know about your child. This could include your child's likes, dislikes, fears, any recent traumatic events [death of relative, pet, divorce] et cetera. We want to be able to provide your child with the best possible camping experience and anything you tell us will help us achieve that goal. *Please use separate paper if you need to.*

CHINA LAKE CAMP HEALTH FORM

China Lake Camp, 255 Neck Road, China, ME 04358 - (207) 358-9594

Please complete the following required medical information and submit it with the registration form. The following information will be given to the camp nurse. **Please fill out both sides, printing neatly.**

Camper's Information:

Camper's Name:

Date of Birth:

Grade last completed (as of June 2026):

Male Female

Home Phone:

Email:

Camper's Home Address:

Street Address

City

State

Zip Code

Camper's Height: _____ Camper's Weight: _____

Emergency Contact Information:

This refers to the parent / guardian with legal custody – the person to be contacted in case of illness or injury:

Name:

Relationship to camper:

Phone Numbers: Home:

Cell:

Work:

Home Address:

(if different from above)

Street Address

City

State

Zip Code

Email Address:

Second parent/guardian or another emergency contact:

Name:

Relationship to camper:

Phone Numbers: Home:

Cell:

Work:

Home Address:

(if different from above)

Street Address

City

State

Zip Code

Email Address:

Additional contact in event parent(s)/guardian(s) can not be reached:

Name:

Relationship to camper:

Phone Numbers: Home:

Cell:

Work:

Health Care Providers:

Camper's Physician:

Phone Number:

Camper's Dentist:

Phone Number:

Orthodontist:

Phone Number:

Medical Insurance: * Please attach a picture or photocopy of camper's insurance card**

Policy Holder's Name:

Policy ID Number:

Insurance Company Name:

Group Number:

Company Address: _____ Phone Number: _____

Please list any known allergies and the reaction to the allergen:

List any chronic or recurring illness or medical condition China Lake Camp should be aware of:

Additional health or behavior conditions or information camp personnel should be aware of:

Medications taken regularly:

If your child needs pain reliever, do you prefer Tylenol or Ibuprofen? Tylenol Ibuprofen

Please list any dietary restrictions:

What have we forgotten to ask? Please list any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program:

**** Attach a copy of the camper's Immunization Records** as required by Maine State Law. This document **must** be submitted for registration to be considered complete. We are not able to carry immunization records over from one year to the next. Immunization records may be faxed to China Lake Camp at (207) 358-4633 or emailed to director@chinalakecamp.org.

Consent and Release of Medical Information

This health history and other information are correct to the best of my knowledge, and the camper described herein has my permission to engage in all camp activities except where noted. I understand that in case of an emergency or illness, every effort will be made to contact me or the emergency contact person(s) I have indicated.

I hereby give consent for any necessary treatment to be administered to
For minor ailments, while at camp, the camper may receive the appropriate dose of over-the-counter medications (except for _____); to be administered by the camp nurse according to a physician's standing orders.

I hereby release China Lake Camp, its staff, and any other associated organization from any and all liability arising in any way connected with medical care rendered to my child while at camp.

Parent Signature

Date