

# 2021 LYNHURST BAPTIST CHURCH CAMP REGISTRATION

## THIS IS OUR PRAYER

June 27 to July 2, 2021

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Camper's Last Name	First Name	Age	Grade this Fall (4 <sup>th</sup> to 12 <sup>th</sup> )
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Address	Zip Code	Phone #
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Email address

### **CAMP FEES (Registration Deadline is June 20, 2021.)**

_____	\$30.00	Counselors or Pre-campers
_____	\$75.00	Campers (\$60.00 if paid by June 6 <sup>th</sup> )
_____	\$55.00	for each 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> Camper in any family
_____	\$10.00	if you will need bus/van transportation to & from Versailles

**Make checks payable to "Lynhurst Baptist Church Camp Fund".**

\_\_\_\_\_ Total to be paid to Ken Cummins, 245 Spring Ct., Indianapolis, IN 46214

### **CHOOSE YOUR ELECTIVE CLASSES**

You will participate in 2 different elective classes each day. In the spaces below, please number your first (1), second (2), and third (3) choices.

_____	Art	_____	Newspaper & Photography
_____	Crafts	_____	Sports
_____	Fun with Skits	_____	Woodworking
_____	Hiking & Nature Study	_____	Yoga

By signing below, I give permission for this child to attend the Lynhurst Baptist Church Camp at Versailles State Park, near Versailles, Indiana, from June 27 through July 2, 2021.

**Signature of Parent or Guardian** \_\_\_\_\_

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I would like to stay in the same cabin with \_\_\_\_\_

Cabin arrangements are not guaranteed, but we will try to honor your wishes!

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Our CAMP THEME for 2021 is **"THIS IS OUR PRAYER"**

#### Daily Themes

Jesus calls disciples  
Esther and her people  
Jonah speaks to God  
Solomon prays for wisdom  
Jesus takes time for prayer  
Sisters work for change  
Paul's words of joy

#### Bible References

Luke 6:12-16  
Esther 4  
Jonah 4  
1 Kings 3:7-15  
Luke 5:12-16, Isaiah 40:1-5, 28-31  
Numbers 27:1-11  
Philippians 1:3-11

# 2021 LYNHURST BAPTIST CHURCH CAMP – CAMPER’S HEALTH INFORMATION

Camper’s Last Name First Name Name of Family Physician

Camper’s Phone # Parent’s Cell or Work Phone Phone # of Another Relative Or Friend (for Emergencies)

Please explain below any health problems, allergies, or drug reactions which might be important for the camp staff to know.

- Is the camper a diabetic, or on any special diet? (Attach an explanation.)
- Has the camper had a Tetanus (DP) booster in the past 12 months?
- Are any camp activities to be restricted? (Explain.)
- May this camper participate in supervised swimming?

## HEALTH INSURANCE INFORMATION

Insurance company name & policy or contract number:

Group number & plan code:

Insurance company contact phone number:

If possible, attach a copy of the front and back of your health insurance card.

By signing below, I give permission for the Camp Director or other Camp Staff Member to authorize any necessary emergency medical treatment for this child, from June 27 through July 2, 2021.

Signature of Parent or Guardian

Please arrive at the church parking lot by 1:30 pm on Sunday, June 27<sup>th</sup>, ready to load up for the trip to Versailles State Park. We will plan to return to the church about 4:00 pm on Friday, July 2<sup>nd</sup>. You will receive an email or an information letter about 1 week before camp starts.

**Please Note: Both sides of this form must be filled out and signed by a parent or guardian of this camper.**