

(First)	(Last)	Gen		/ F Grade In F entering 1st-8th)	-dII
Birth Date:	(====,	Name of School:	•		
E-MAIL (for camp info):					
How did you hear about us? Referred Previous Camper: (
Please designate the s		ur child will be atten ot guaranteed until paid		ow. (5 day only)	
1 June 01 - 05 NATURE WEEK		June 22 - 26 MEDIEVAL KNIGHTS		July 13 - 17 <i>LOST AT SEA</i>	
2 June 08 - 12 JURASSIC PARK		June 29 - 02 CAPTURE THE FLAG - CLOSED 7/3		July 20 - 24 COLOR WARS	
3 June 15 - 19 NINJA WARRIORS		July 06 - 10 CHRISTMAS IN JULY		July 27 - 31 WEIRD SCIENCE	
,	First)	(Last)		relation: _	
Address:(Street)	(City)	(State	,	(Zip)	
Primary Phone:		. Work Phone	:		Ext
Profession:		TC)L#:		(for ID only)
Second parent:				relation: _	
(First) Address: (if different)		(Last)			
Primary Phone:		(City) Work Phone	(State)		(Zip) Ext
Profession:) #·		(for ID only)
ADDITIONAL PERSONS TO BE CONTACTED IN					(
Name:		Name: Phone: Relation: TDL#:_ Authorized to pick up			
STAFF USE ONLY: Medical alert:		special notes: _		Fr So	Ju Se

3 STEPS TO CAMPER REGISTRATION-

- 1. COMPLETE & SIGN PAGES 1-6 AND EMAIL TO HELLO@LAZYACRESEVENTS.COM.
- 2. EMAIL .PDF OF CURRENT SHOT RECORD TO HELLO@LAZYACRESEVENTS.COM.
- 3. LOG ON TO WWW.LAZYACRESEVENTS.COM/PAYNOW TO COMPLETE REGISTRATION PAYMENT (1 PER HOUSEHOLD).



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- CAMPER INFORMATION | COUNSELOR FORM -

Camper Name:		Grade in Fall:		
(First)	(Last)	staff use onl		
CONTRACT INTO DI LA TIONI		Fr So Ju Se		
CONTACT INFORMATION				
Primary Parent:				
Best Phone number:	(First)	(Last)		
2nd Parent/Guardian's Name:				
(First) Best Phone number	:	(Last)		
your child's unique needs, please p	provide us with as much pertine ur child's counselor or camp dire	ual. To help us provide the best care for ent information as possible. We strongly ector any concerns about your child.		
Please explain if there are certain s	situations that may cause your	child difficulty.		
How can we best work with you ar	nd/or your child to help in these	e situations?		
List all allergies:				
allergen:		mild / severe		
allergen:		mild / severe		
allergen:	reaction:	mild / severe		
EPI Pen: yes or no	If yes, what allerg	gy?		
Inhaler: yes or no				

Any additional information you want your child's counselor to be aware of?

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- HEALTH HISTORY AND PREFERENCES FOR MEDICAL TREATMENT -

Child's Name:				Child's Ag	je
Date of Birth: Month Day	/ Year D	ate of Last Co	omplete	Physical Exam	າ:
Child's Insurance Co				Phone:	
Policy Holder's Name:		D	OB:	Relatio	on:
	plicy Number:				
Child's Physician Name:			Of	fice Dhone:	
-			Office Phone: Office Phone:		
Dentist/Orthodontist Name			01	nce Phone	
Authorization for First Aid an	nd Emergency Medica	l Attention			
I hereby authorize the Director medical attention or First Aid ca in the custody of Lazy Acres. I a services on behalf of parent if d	are for my child, so agree to allow Lazy A	Acres Directo	r and/or	staff to refuse	while my child ambulance
Signature of Parent or Legal Guardian					 Date
Health History (check, give dates)	Allergies (ch	ieck)		Diseases (cl	neck. give dates)
Frequent ear infections	Hay Fever		Ch	nicken Pox	
Heart Defect/disease	Poison Ivy/Oak		Me	easles	
Convulsions /Seizures	Insect Bites/Stings		Ge	erman measles	
Epilepsy	Penicillin		M	umps	
Diabetes	Other Drugs		T E	3/TB Contact	
Bleeding/Clotting	Asthma				
Hypertension (Other Allergies				
Mononucleosis					
Please list all food allergies:					
Does said child need or carry ar Routine medications of any typ Will your child need to take me If yes, please list below:	e taken on a regular bas	sis? Yes	No No No	INHALER	Yes No
Name of Medication		Dosage		Times a Day	

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- SPECIAL NEEDS & CONSENT -

Please read each statement below, initial yes or no, then sign and date at the bottom of the page.

My signature below acknowledges my ur may be reviewed and/or photocopied by		cipant in a state licensed camp, my child's records exas Dept. of Health. (<i>required</i>)
	Yes	
I acknowledge my agreement to follow a	ll payment fees as well as all	required policies and procedures of Lazy Acres.
	Yes	No
I consent for my child to participate in all slides, aqua glides and all other bodies of		er slides, splashing pools, water games, slip and
	Yes	No
I consent for my child to be photographe	d and/or video taped partici	pating in the camp or programs at Lazy Acres.
	Yes	No
I understand that state law mandates Laz appropriate authorities for investigation.	zy Acres to report any suspe	cted cases of child abuse or neglect to the
	Yes	No
I consent to periodic emails sent to me by information.	y Lazy Acres informing me c	of upcoming events, payments, and tax
	Yes	No
I acknowledge that I will be charged ever	y day that my child does no	t bring a lunch(\$10.00) or water bottle (\$5.00).
	Yes	No
		sentatives can not be held responsible in the even utions will be taken to ensure the safety and healt
Custodial Parent/Guardian Signature	Date Signa	ture of Lazy Acres Staff Date

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- DISCIPLINE & REWARD PLAN -

Lazy Acres is a Christian based day camp that believes in the golden rule "Do unto others as you would have them do unto you". We encourage kindness and fairness towards others. Every child is entitled to a fun and safe environment at Lazy Acres!

The following list is a list of behaviors we expect all children to follow.

- Respect for all campers and staff
- Be responsible for personal belongings
- Participation in all activities that parent/quardian deems appropriate
- Possess positive and caring attitude
- Follow proper safety procedures at all times

Reward Plan

We reward good behavior and being kind to others with Lazy Acres Bucks. Every day a camper attends they receive 10 Lazy Acres Bucks. If the camper follows all the rules and is respectful to all campers and counselors they keep their bucks. Campers may receive extra Lazy Acres bucks for being chosen as Camper of the Day, random acts of kindness, and being helpful to others. Lazy Acre Bucks may be deducted for disrespectful behavior or forgotten items (such as water, tennis shoes, swim items, etc.). Lazy Acres Bucks are spent on Fridays. Bucks can purchase candy, toys, or a variety of other age appropriate items.

Disciplinary Plan

Lazy Acres will not serve children who display continued unacceptable behavior. If a child exhibits any type of behavior which is thought to be unacceptable by a counselor and/or Director, they will be warned to correct their behavior. If behavior persists, a telephone call will be made to the parent or guardian. If camper behavior is deemed a danger to themselves or others, camper will be sent home immediately with no refund.

A child receiving two warnings in one day will be suspended from specified activities for the next day in attendance. If their behavior is exceptionally dangerous or disruptive, they may be suspended from Lazy Acres for the remainder of the session. A disciplinary notice describing your child's behavior will be sent home with your child to be signed by parent and returned to Lazy Acres. Refunds are not given when participants are suspended for unacceptable behavior.

Unacceptable Behavior includes, but is not limited to:

Foul Language

Disrespect for another child or counselor

Fighting

Not participating in activities

Ignoring or disobeying safety rules

Public displays of affection

Defacing property/vandalism (Automatic dismissal for 2 days)

Stealing

Name calling

Hitting another camper, counselor, or staff member

Disciplinary Procedures:

Ist Incident -Parent notified by phone and/or note
2nd incident -Parent notified by phone and/or note
-Child may not be allowed to participate in

camp activities

3rd incident - Parent notified by phone and/or note

- -Action taken is at the discretion of the director after discussing the situation with parent.
- -Discipline may include child being dismissed from camp without refund.

I understand the Disciplinary and Rewards Plan described above and agree to abide by all the disciplinary guidelines set by Lazy Acres.

Custodial Parent/Guardian Signature

Child's Signature

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- FIRST AID & MEDICATION -

	CAMPER NAME:			
AGE:		WEIGHT:		
Administration of First Aid	l and/or Medication			
I hereby authorize the Direct medication, or their generic administration.	-			_
Initial for approval. Children's Tylenol Chil	dren's Advil Ant	i-itch cream [Band-Aids N	Neosporin
If I bring any over the counte administer the medication a	s directed on the label			-
I understand all prescriptior name and dosage information				
Medication (as listed on label)	Do	osage	Time	
		·		
	.:			
I understand it is my respons Please see your child's Couns				
By signing below, I consent t	o allowing approved L	azy Acres Staff to ac	dminister above li	sted medications.
Custodial Parent/Guardian Signatur	<u>е</u>		<u> </u>	Date Date

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NEXT:

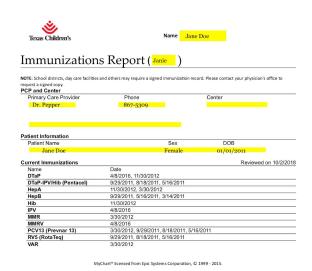
IMMUNIZATION RECORD

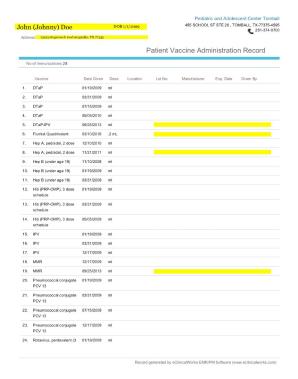
All shot records are required by the state of Texas before your child may be admitted to Lazy Acres Day Camp.

Please email in .pdf format to hello@lazyacresevents.com

THANK YOU!
-Lazy Acres Staff

See acceptable sample shot records:





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