

FORTUNE LAKE LUTHERAN CAMP

2024 INTERGENERATIONAL/FAMILY REGISTRATIONS

138 Camp Lake Rd, Crystal Falls, MI 49920 *(906) 214-CAMP (2267)

officemanager@fortunelake.org *www.fortunelake.org

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SUMMER 2024: Your space is not reserved until Registration (all campers) and Health Form (Intergen campers), with deposit, are received in our office. See payment details below; payment in full deadline is June 1st. For youth "GRADE" =Grade 2023-2024 academic year and/or completed June 2024*. For Supported Rentals, only completion of Page 1 and 2 is required.

Adult Name _____ Congregation _____
Address _____ City _____ State _____ Zip _____
Email _____ Ph No _____
Emergency Contact _____ Relationship _____ Ph No _____

WHAT SESSION are you registering for (See WEBSITE FOR PRICING based on Session/Age/Lodging Option)?

____ Intergenerational Camp June 16 - June 21

____ Intergenerational Camp July 28- Aug 2

____ Intergenerational Half Week Camp July 30 - Aug 2

CHECK LODGING:

____ Grace/Emanuel Lodge ____ Duplex(no linen service) ____ Cabin (no linen service) ____ Treehouse(no linen service)

List all family adult and youth campers here; attach additional sheets as needed.

Name _____	M/F _____	Adult Y/N _____	birth date _____	Grade* _____	Fee \$ _____
Name _____	M/F _____	Adult Y/N _____	birth date _____	Grade* _____	Fee \$ _____
Name _____	M/F _____	Adult Y/N _____	birth date _____	Grade* _____	Fee \$ _____
Name _____	M/F _____	Adult Y/N _____	birth date _____	Grade* _____	Fee \$ _____

PLEASE SEE www.fortunelake.org FOR FULL DETAILS ON FEES, DISCOUNT ELIGIBILITY, REGISTRATION AND PAYMENT DEADLINES, CANCELLATION / REFUND POLICY, ETC, or to register online.

Registration/Non-Refundable Deposit: Space in programs is limited; registration with deposit is required to reserve space.

Payment in full is due by June 1st (or at time of registration, if registered after June 1st) to reserve your space as sessions fill up and to be fair to those wait-listed. Parent/guardian is responsible for ensuring that all accounts are paid in full and on time (including Church or other scholarship). Discounts are void if payment in full is not received by June 1st.

Discounts: Be sure you are eligible for any discounts taken (list them below*), and pay account in full by June 1; these will be reversed if not eligible or account is not paid. **See the website for a complete list of discounts and eligibility.**

ONLY if you are eligible for the Early Bird T-Shirt (registered by April 1st), please indicate t-shirt sizes / # each:

CHILD: Sm ____ Med ____ Lg ____ / **ADULT:** Sm ____ Med ____ Lg ____ XL ____ XXL ____

Church Scholarship: Form and detail on website; Parent/Guardian is responsible for completing scholarship request form, obtaining approval, promptly providing a copy to Camp and Church, and ensuring that payment is made in full by June 1st.

Health Form: Attached Health Form information on Interger campers, youth and adult, **MUST** be submitted with Registration.

CANCELLATION/REFUND: Deposit is not refundable; see website for complete details regarding cancellations or scheduling. There are no refunds for cancellations **less than two weeks** prior to program start date.

Total REGISTRATION Fees: \$ _____ Minus eligible discounts*:\$ _____

☐ Canteen (optional prepay):\$ _____ OR Pay at Check-In; any canteen purchases must be made from prepaid account.

☐ Church Scholarship anticipated? NO/Yes: in the amount of \$ _____
ATTACH CHURCH SCHOLARSHIP FORM OR SUBMIT PROMPTLY

☐ SUBTOTAL: \$ _____ payable to FLLC Deposit:\$ _____ /

Balance due BY 6/1 \$ _____

☐ Credit Card: I will phone in my credit card information to the office to confirm my registration.

PERMISSION:

I hereby grant permission for Fortune Lake Lutheran Camp to use our likenesses (for all registered) in photos and quotes for future publicity in print and digital form, including the use on Social Media. No identifying information will be posted, unless direct permission has been granted in writing.

Signature

Date

2024 INTERGENERATIONAL/Family HEALTH Form

138 Camp Lake Rd, Crystal Falls, MI 49920 *(906) 214-CAMP (2267)

officemanager@fortunelake.org *www.fortunelake.org

*Staff Supported Rentals are NOT required to complete this Health Form.

Complete Health information requested below must be submitted with the Intergenerational Camp Registration form, for each ADULT AND CHILD camper. If adult accompanying a child being registered is not that child's PARENT or GUARDIAN, the Parent/Guardian must submit this information. Please make copies of pages 3 through 5 for each additional camper.

NAME OF CAMPER: _____

PARENT/GUARDIAN COMPLETING FORM: _____

WHAT SESSION you are registering for:

____ Intergenerational Camp June 16 - June 21

____ Intergenerational Camp July 28 - Aug 2

____ Intergenerational Camp July 30 - Aug 2

MEDICAL INSURANCE COVERAGE:

Insurance Company Name: _____

Insurance Co Policy Holder: _____ Insurance Co Phone _____

Emergency Contact Relationship/Phone: _____

Additional Emergency Contact; _____

COMPLETE THIS INFORMATION FOR EACH ADULT AND CHILD BEING REGISTERED

Name of ADULT camper: _____

ALLERGIES: ____ camper has no known allergies

OR camper is allergic to ____ Food(s) ____ Medication(s) ____ Substance(s)

____ I carry an Epi-Pen

DESCRIBE; attach addl paper if needed:

DIET/NUTRITION: FLLC will work with medically-prescribed diets, but cannot cater to individual preferences or dislikes (be prepared to manage any intolerances with food avoidance/medication as you would at home).

camper: ____ eats a regular diet ____ eats a regular vegetarian diet ____ is lactose intolerant ____ is gluten intolerant ____ eats a medically-prescribed diet (ex: diabetic etc; describe type and modifications):

MEDICATIONS/OTC: Medications and over-the-counter medicines, vitamins, etc need to be properly secured in a location inaccessible to others.

camper: ____ WILL ____ WILL NOT take daily medications while at camp.

RESTRICTIONS:

____ camper is able to participate fully in camp activities

____ camper is able to participate with the following restrictions or adaptations:

OTHER: Any other mental, emotional, social health issues which camp staff NEEDS to be aware of?

Covid -19 Vaccination

Have you received a Covid-19 Vaccination?

☐ Yes

☐ No, proof of negative PCR test within 72 hours of arrival may be required upon check-in.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, Federal, State, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of Fortune Lake Lutheran Camp, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Fortune Lake Lutheran Camp, its employees, Board of Directors, agents and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, Board of Directors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp hosted or programmed event.

Guest Signature (or Parent Signature if participant is a Minor) / Date

PERMISSION:

I Hereby grant permission to Fortune Lake Lutheran Camp to use our likenesses (for all registered) in photos and quotes for future publicity in print and digital form, including the use on Social Media. No identifying information will be posted, unless direct permission has been granted in writing.

REQUIRED: Completion of all information is required for registration. Attach additional pages as needed.	ADULT Camper Signature:
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