

**Pollock Campground Association**  
6778 Hwy 165, Pollock, LA 71467  
State Office: (318)765-3661 E-mail: [LCMCOGstateoffice@gmail.com](mailto:LCMCOGstateoffice@gmail.com)

### **2023 Youth Camp Registration Form**

**Camp Attending**  **Senior High (9<sup>th</sup>-12<sup>th</sup>)**  **Primary (3<sup>rd</sup>-5<sup>th</sup>)**  **Junior High (6<sup>th</sup>-8<sup>th</sup>)**

**(Please note: There has been a change to the grade designation for each camp. "9<sup>th</sup>-12<sup>th</sup>", "3<sup>rd</sup>-5<sup>th</sup>", and "6<sup>th</sup>-8<sup>th</sup>" as listed above, is now meant to indicate the grade that the student will have completed by the end of the 2022-23 school year.)**

**Amount Paid** \$ \_\_\_\_\_  **Cash**  **Check #** \_\_\_\_\_ **Grade Completed This Spring** \_\_\_\_\_ **Age** \_\_\_\_\_

**T-shirt Size** \_\_\_\_\_ **(please make sure you list youth (children's) or adult size (Example: Y-M or A-M)**

\_\_\_\_\_ **Female** \_\_\_\_\_ **Male** **Camper's Email address:** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Name** \_\_\_\_\_ **Mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_  **Guardian**  **Father's Name** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Guardian**  **Mother's Name** \_\_\_\_\_ **Address (if different)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell#** \_\_\_\_\_ **Parent/Guardian email:** \_\_\_\_\_

**Home Church** \_\_\_\_\_ **Pastor/Youth Leader** \_\_\_\_\_

**My child has permission to swim:** Yes  No  **(A certified lifeguard is always on duty.)**

**My child's swimming ability is** Good  Fair  Poor

**I agree to abide by all rules of the camp. I will always remain on the grounds unless prior arrangements have been made with the director. I understand that I may be sent home if I refuse to abide by the rules of the camp.**

**Camper's Signature:** \_\_\_\_\_ **(must sign)**

**I HAVE READ THE YOUTH CAMP RULES AND AGREE THAT MY CHILD is able to abide by all rules of the camp for the best interest of all campers – with the understanding that my child will be sent home at my expense, if he/she refuses to follow all rules of the camp. I further agree to pay for any damages caused by my child.**

\_\_\_\_\_ **Parent/Guardian Signature (must sign)**

\_\_\_\_\_ **Pastor or Youth Pastor Signature (must sign)**

**Please do not copy Registration/Health Form and the Medical Form on front to back. Please print separately. All signatures must be signed.**