



# THANKSGIVING 2009 - WORK CAMP REGISTRATION FORM

140 E Park Ave. Lake Wales, FL 33853 863-676-6678

NAME \_\_\_\_\_ Male Female

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ 09/10 SCHOOL GRADE \_\_\_\_\_

T-SHIRT SIZE: (Circle one) S M L XL XXL XXXL

CHURCH YOU REGULARLY ATTEND \_\_\_\_\_

LIST ANY AREAS THAT WOULD PERTAIN TO THIS WORK CAMP IN WHICH  
YOU HAVE HAD EXPERIENCE.

\_\_\_\_\_

### EMERGENCY CONTACT PERSON(S)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phones \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phones \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_

POLICY NO. or GROUP NO. \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other  
pertinent information:

\_\_\_\_\_

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Office use: Paid: cash ck# \_\_\_\_\_ Receipt \_\_\_\_\_ Computer \_\_\_\_\_ Confirmation \_\_\_\_\_

Your child's photograph may be used in future Care Center publications. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician and/or other necessary health care provider to provide the care necessary, including anesthesia, for my child's well-being. I (we), also, do hereby release and discharge the Lake Wales Care Center, Inc. their employees, volunteers, sponsors, and all personnel involved in organizing and operating this work camp from all claims arising from my child's participation.

Parent or Guardian:

\_\_\_\_\_  
(print)

\_\_\_\_\_  
(sign)

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2009, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public/State of  
Florida at Large

My Commission Expires: \_\_\_\_\_

(SEAL)

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Return to: Lake Wales Care Center  
140 E. Park Ave.  
Lake Wales, FL 33853-4124  
863-676-6678