

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

2022 Youth Camp Registration Form

Camp Attending ____ 4th – 6th ____ 7th – 9th ____ 10th – 12th

Amount Paid _____ Cash () Check # _____ Grade Entering This Fall _____ Age _____

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

(Camper must attend the grade or age of the camp that he/she is entering to this fall)

_____ 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 _____

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 remain on the grounds at all times unless prior arrangements have been made with the director. I understand that I may be sent home if I refuse all rules of the camp.

Camper's Signature: _____

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

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 sign.