

Medical Information

Current FLEC Student: Yes No

If Yes: The below medical information does not need to be provided, but please agree to the following. My student information (including medical & parent's contact information) is up to date at FLEC.

Parent Signature: _____

Date: _____

For all other students:

I / We, the parents of _____, give permission for emergency medical treatment of our child for illness or accident. Parent will be notified first if possible, but coach/staff may initiate emergency procedure if necessary prior to contacting parents.

Parent Name: _____ Phone: _____

Additional Emergency Contact: _____

Relationship: _____ Phone: _____

On Any Medication? Yes No If yes, explain: _____

Allergies? Yes No If yes, explain: _____

Does your child have an EPI Pen? Yes No If yes, where is the EPI Pen during camp? _____

Does your child have an inhaler? Yes No If yes, where is the inhaler during camp? _____

Medical conditions? Yes No If yes, explain: _____

Other applicable medical information: _____

Parent/Guardian Signature: _____ Date: _____

Payment Information

Amount: \$ _____ Check # _____ Cash Credit Card

Card # _____ Exp. _____

V-Code (Digits on back of card) _____ Billing Zip Code _____

Signature: _____

*Submit payment to front office. Checks made payable to FLEC.

Forest Lake Education Center Summer Camp 2018

Hosted by: Coach Liepke & Fiorella Meidinger

May 24 — May 25

May 29 — June 1

for children going into grades K-8



Forest Lake
EDUCATION CENTER

1275 Learning Loop
Longwood, FL 32779
407-862-7688

Camp Information



FLEC is offering a multi-sports and activities camp for six days this summer to FLEC and non-FLEC children (K-8) Come be a part of the fun. The weeks' activities are as follows:

Week 1

Week 2

<u>Days / Dates</u>	<u>May 24—May 25</u>	<u>May 29—June 1</u>
Tuesday		Soccer & Camp Games
Wednesday		Gymnastics & Soccer
Thursday	Basketball & Crafts	Basketball & Camp Games
Friday	Water Balloons & Olympics Pizza Party at 12:00	Water Balloons & Olympics Pizza Party at 12:00

Cost: \$40 per day

***Submit payment to front office.** (Checks made payable to FLEC.)

Daily Schedule:

Drop-off	7:30-8:00am
Worship	8:00-8:30am
Lunch & Movie (Bring your own lunch Every Day except Friday.)	12:00-1:00pm
Pick-up	5:00-5:15pm

Things to Bring: Gym Shoes, Lunch (Every Day except Fri.)
Sunscreen, Towel, Flip Flops, Swimsuit, Appropriate Shoes (Fri.)

For more information:

Coach Liepke at matt.liepke@myflec.com or (612) 226-8528
Fiorella Meidinger at fioflower@hotmail.com or (407) 754-5264

Student Information

Student Name: _____

FLEC Student Yes No

Grade Level: K 1st 2nd 3rd 4th 5th 6th 7th 8th

I'm paying for Week 1 : Thurs. Fri.

Week 2: Tues. Wed. Thurs. Fri.

Parent/Guardian Name: _____

Parent/Guardian Cell Phone #: _____

Parent/Guardian Email: _____

Emergency Contact: _____

I/We the undersigned, shall not hold FLEC or any of it's board members, or staff responsible for any injury incurred by the registered student, during camp, including any voluntary transportation. For any injury occurred, participants will use their personal health insurance. We hereby agree that FLEC, its members, coaches, and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of FLEC, and we agree to indemnify and hold harmless its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian Signature:

_____ Date: _____