

# SummerShine at Lutheridge

*A one-week residential camp for those ACTIVE youth and adults age 15+ years old.*

*PLEASE NOTE: All camps end on Friday! Pickup time is between 3:30pm-5pm*

Mail this completed form with the **full fee** (see below) or **minimum of \$175** deposit to:  
**Lutheridge Registration, 2049 Upper Laurel Drive; Arden, NC 28704**

**Camper's Name:** \_\_\_\_\_ Male ☐ Female ☐  
First Last

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ This will be year # \_\_\_\_\_ at Lutheridge for this camper.  
(Please guess!)

## Select Program Session:

☐ June 30- July 5 ☐ July 28-August 2

Where camper resides: ☐ Parent's home ☐ Assisted Living home

☐ Group home (Name): \_\_\_\_\_

☐ Institution (Name): \_\_\_\_\_

☐ Other (Name): \_\_\_\_\_

Camper Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone where camper lives: \_\_\_\_\_

**Name of person filling out application:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

Your Preferred Phone number: \_\_\_\_\_ Additional phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Person to call if camper has problems while at camp:

\_\_\_\_\_

**Name of Parent or Guardian** (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian day phone: \_\_\_\_\_ evening phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Roommate Request** \_\_\_\_\_

Please list no more than ONE. Each roommate must list the other on their registration form.

## **Camper's Home**

**Church:** \_\_\_\_\_

If the camper is not affiliated with a church, write NONE.

City & State: \_\_\_\_\_

## SummerShine

Camper's Name: \_\_\_\_\_ (Please Print)

PLEASE FILL THIS OUT AS COMPLETELY AND ACCURATELY AS POSSIBLE. THANK YOU!

SELF CARE/MOBILITY	YES	NO	ASSITANCE NEEDED/COMMENTS:
Cares for self at toilet			
Bathes /Showers Independently			
Brushes teeth & Combs hair			
Dresses Independently			
Wakes up Cooperatively			
Needs Afternoon Nap			
Walks Independently	----- -	----- -	
On Level Ground			
On hills/trails/rough terrain			
For Long distances			
Enjoys running/Active games			
<b>MEALTIME NEEDS</b>	<b>YES</b>	<b>NO</b>	<b>ASSISTANCE NEEDED/COMMENTS:</b>
Completely independent at meals			
Has dietary restrictions			
(Please Explain)			
<b>SOCIAL SKILLS</b>	<b>YES</b>	<b>NO</b>	<b>ASSISTANCE NEEDED/COMMENTS:</b>
Desires to come to camp			
Makes friends			
Follows directions easily			
Participates in group activities			
Will stay with counselor & group			
Communicates clearly using Speech			
Is cooperative and compliant			

**Please share any concerns or observations about this camper , that may help us provide the best experience possible for them.**

Thank you for your honesty and care in filling out this form.