



Please print one per participant

DAY CAMP REGISTRATION FORM



Participant (K-5th grade) Jr. Volunteer (6th-8th grade) Volunteer (9th grade & older)

Name _____ Birth Date _____

Preferred Name _____ Grade Completed _____

Address _____ Parents Email: _____

City _____ State _____ Zip _____ Phone(____) _____

Parent/Guardian Name(s) _____ Alt Phone(____) _____

Emergency Contact _____ Phone(____) _____

Physician _____ Phone(____) _____

Insurance Carrier _____ Group/Policy Number _____

Home Church _____ City _____

Any restrictions to physical activities _____

Any allergies (food, drug, insects, etc.) _____

List the names and phone numbers of people who may pick up your child from Day Camp.

Emergency Release: I will not hold Lutherhill Ministries or The Shared Lutheran Ministry of Fayette County or any of the churches within, or their staff and/or volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries and The Shared Lutheran Ministry of Fayette County or any of the churches within, permission to use any photographs/video of me or my child, taken at Day Camp for future promotional materials.

Parent/Guardian Signature _____

Date _____

Please note: Your child should wear play clothes each day. Lunch will be provided.

Amount due: Fee \$50 Breakfast \$10 T-shirt \$10 Total amount due: _____

Office Only: Paid Online Paid by Check/Cash Will pay at registration Collected by: _____