



Please print one per participant

# DAY CAMP REGISTRATION FORM



Participant (K-5<sup>th</sup> grade)       Jr. Volunteer (6<sup>th</sup>-8<sup>th</sup> grade)       Volunteer (9<sup>th</sup> 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: \_\_\_\_\_