

Participant (k-5th grade)

Jr. Volunteer (Under the age of 14)

Volunteer (14 yrs old or older)



**DAY CAMP
REGISTRATION
FORM**



Please print one per participant.

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 and 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 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 and bring a sack lunch each day.

Volunteers Only:

Mark the days you will be available to volunteer for Day Camp: Mon Tues Wed Thurs Fri