



2018 Summer Camp Registration
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Sessions (Circle all that apply)

June 11-15
July 9 - 13
July 30- Aug. 3

June 18-22
July 16-20
August 6-10

June 25-29
July 23-27

Camper Information

Child# 1: Last Name. _____ First Name. _____

Gender: M F Date of Birth _____ Grade Entering in Fall _____

Child lives with: Both parents: all the time Both parents: split custody
 Father only Mother only
 Father and Step-mother Mother and Step-father
 Other: please specify _____

Allergies: _____

Physical Limitations: _____

T-shirt size: YS YM YL AS AM AL AXL (only needed if new to the program or if child has outgrown last year's!)

Child #2: Last Name _____ First Name _____

Gender: M F Date of Birth _____ Grade Entering in Fall, _____

Child lives with: Both parents: all the time Both parents: split custody
 Father only Mother only
 Father and Step-mother Mother and Step-father
 Other: please specify _____

Allergies: _____

Physical Limitations: _____

T Shirt size YS YM YL AS AM AL AXL (only needed if new to the program or if child has outgrown last year's!)

Child #3: Last Name _____ First Name _____

Gender: M F Date of Birth _____ Grade Entering in Fall _____

Child lives with: Both parents: all the time Both parents: split custody
Father only Mother only
Father and Step-mother Mother and Step-father
Other: please specify _____

Allerges : _____

Physical Limitations: _____

T-shirt size: YS YM YL AS AM AL AXL (only needed if new to the program or if child has outgrown last year's!)

Parent/Guardian Information

Father: Name _____ Mother: Name _____

Address: _____ Address: _____

City, Zip Code: _____ City, Zip Code: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact Information

Medical Release: In the event of my absence, the child(ren) named on this form may be admitted to any hospital or medical facility . I request and authorize physicians, dentists,

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orthodontists , and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses to perform diagnostic procedures and treatment procedures of the previously mentioned child(ren).

Physician Name: _____ Phone Number: _____
Insurance Company: _____ Policy Number: _____
Dentist Name: _____ Phone Number: _ _ _ _ _
Orthodontist Name: _____ Phone Number: _____

Pick-Up Authorization

I will make every effort to comply with the spirit of health guidelines. For the well-being of my own child(ren), as well as concern for the camp community at large, I will attempt to pick up my ill or injured child within 1 hour of my notification. If I am unable to pick up my child(ren), the following are authorized to do so:

Name: _____ Relationship: _____ Number: _____
Name: _____ Relationship: _____ Number: _____
Name: _____ Relationship: _____ Number: _____

Permissions

I give Apostles Lutheran Church and School permission to transport my child(ren) during scheduled field trips . I understand I will be notified of exact times and destinations.

Initials _____

I understand Apostles Lutheran Church and School are not responsible for my child(ren) until they are signed into the program either by a parent, guardian, or authorized alternate (age 16 or older). I understand Apostles Lutheran Church and School is no longer responsible for my child(ren) once he or she has been signed out.

Initials, _ _ _ _

I hereby consent to my child(ren)'s participation in Apostles Summer Camp including all activities incidental to the program. I assume all responsibilities for risks and hazards of participation in the named program. In consideration of the camp program, we will not be held liable, including all officials, counselors , directors , organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands , rights, and causes of action of whatever kind of nature, arising from and by reason of, and all known and unknown, foreseen, and unforeseen, bodily and personal injuries , damage to property,

and the consequences thereof, resulting from his/her participation in the program un 11
activities incidental to the program.

Initials__ __ __ __

I understand that my child(ren) may be photographed as a participant in this program. I
give Apostles Lutheran Church and School permission to use my child(ren)'s photo in
publications for our summer camp program. YES NO

Initials__ __ __ __

I have received the parent handbook and understand that I must abide by all the
policies and procedures set forth in the handbook.

Initials__ __ __ __

Parent/Guardian__ __ __ __ __ __ __ __ __ __ __ __ Date__ __ __ __ __

Medication Form

I hereby authorize Apostles Lutheran Church and School, through its designated
authority, to administer the medication described below to my child, _____
The designated authority will only administer medication which is in the original label
container and if it is given by the parent/guardian to the camp director. No other staff
members are authorized to receive or give medication.

Parent/ Guardian: __ __ __ __ __ __ __ __ __ __ Phone Number: __ __ __ __ __ __ __ __

Name of medication: _____ Dosage: _____

Time medication is to be administered: _____ Expected Duration: _____

Possible side effects, if any: _____

Physician's Name: _____ Phone Number : _____

Address: _____

Parent/Guardian Signature: _____ Date: _____