

2016 Summer Camp Registration

Sessions (Circle all that apply)

June 13-17
 July 11-15
 August 1-5

June 20-24
 July 18-22
 August 8-12

June 27- July 1
 July 25-July 29

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 _____

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!)

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, 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).

Physican 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 and all 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:_____