

## 2017 Summer Camp Registration

### Sessions (Circle all that apply)

June 12-16

June 19-23

June 26- June 30

July 10-14

July 17-21

July 24-July 28

July 31-August 4

August 7-11

### 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:\_\_\_\_\_