

Registration Deadline Date: Monday, July 27, 2009

Return completed Registration Form to: Grace Lutheran Church 435 NW 21st Street, Corvallis, OR 97330 (541) 757-1600

Grace DAY CAMP REGISTRATION



Camper's Familiar Name _____ First Time Camper? Yes or No

Grade Completed (as of camp) _____ M () F () Birthdate _____ Age as of camp _____

T-shirt size (circle 1): **child** Sm Med. Large XLarge or **Adult** Sm Med. Large XLarge

Parent /Guardian Name _____

Mailing Address _____ City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Email Address _____ Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Address _____ City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Relationship to camper _____

APPROVED DRIVER

Name of Person(s) picking up the child: _____

Phone Number of Approved Driver: _____

Relationship to Parent and Child: _____

List days to be picked up: _____

My Child has permission to walk home, ride a bike home from Day Camp ____YES ____NO

Parent/Guardian Signature _____ Date _____

ALLERGIES			Type of Reaction: Please mark which apply		
Type of Allergy	No Yes (please circle)	Describe/Specify Allergen	Mild	Moderate (Swelling or severe rash)	Severe (Difficulty Breathing)
Food	No Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	No Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (animal, plant, insect, etc...)	No Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	No Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the Day Camp Healthcare Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

I also consent to the use of any photograph of my child or family in future Lutherwood publications. *A copy of this form will be shared with Camp Lutherwood Ministries at the end of the Day Camp week.

Parent Guardian Signature _____ Date _____