

CAMP LUTHERWOOD DAY CAMP REGISTRATION - 2018

Camper's Name _____		Nickname _____	
Grade Entering (Fall 2017) _____		M () F () Birthdate _____	
Age as of camp _____		Program: PreSchool Mini Camp (ages 3-5, ½ day) _____	
Day Camp (ages 6-11) _____		Youth Assist _____	
T-shirt size (circle 1): Y-XSm Y-Sm Y-Med Y-Lrg Y-XLrg Ad-Small Ad-Med Ad-Lrg Ad-XLrg			

Parent/Guardian Name _____

Mailing Address _____ City _____

Day Phone _____ Night _____ I accept texts _____

Email Address _____ Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to camper _____

Address _____ City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Approved Drivers (list anyone authorized to pick up camper, list additional names on the back or separately)

Person(s) picking up the child	Driver's Phone Number	Relationship to Parent and Child	Days to be picked up
_____	_____	_____	_____
_____	_____	_____	_____

My Child has permission to walk home, ride a bike home from Day Camp YES NO

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"/>

Please describe any special needs (behavioral and/or physical) we should know about your child? _____

Health Insurance Co. _____ Group No. _____ Subscriber No. _____

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. 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. _____ initial

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. _____ initial

Field Trip Permission:

My child has my permission to participate in Day Camp activities away from Grace Lutheran Church. I am aware that campers will walk to Good Samaritan Episcopal Church or Chintimini Park in afternoons of Monday, Tuesday, or Thursday (8/6-10) and go to Camp Lutherwood by bus (Cheshire, OR) on Wednesday (8/8). The camper has permission to ride/walk to the field trip destinations under the supervision of the Day Camp Volunteers. _____ initial

Parent/Guardian Signature _____ Date _____

I request a Campership for my child. Please contact me. My child needs supervised care: _____ Before 9am, _____ After 3pm