



DAY CAMP CAMPER REGISTRATION FORM

Please complete one form per child. Registrtion Deadline is July 3, 2009

Name (First, Last) _____ Grade in 2008-09 _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Insurance Carrier _____ Group/Policy Number _____

Home Church _____ City _____

Restrictions to physical activities _____

Allergies (food, drugs, insects, etc.) _____

List any people and their phone numbers who may pick up your child from Day Camp

Emergency Release

I will not hold Luther Ministries, its staff, or House of Prayer Lutheran Church, its staff or volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give permission for House of Prayer Lutheran Church to use any photograph/video of me or my child, taken at Day Camp, in future promotional materials for its sites and programs.

Parent/Guardian Signature _____

Date _____

Children should wear play clothes, including closed toe shoes, and [bring a sack lunch](#) each day.

FOR OFFICE USE ONLY		
DATE RECEIVED: _____	PAID: Cash _____	Check No. _____