

July 30-August 3, 2018

LUTHERIDGE DAY CAMP REGISTRATION: 1 PER CHILD | DUE JULY 9

\$50 fee per student due at time of registration

checks made payable to: Augsburg Lutheran Church
extra forms found in office or augsburglutheran-ws.org

Camper's Name _____ Sex _____ Age _____ Grade Completing _____

Name of Parent or Guardian _____ Daytime Phone _____

Parent email _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Name of Doctor/Health Provider _____ Phone _____

Health Information:

1. Immunizations: A] DPT Permanent Shots (series of 3): Yes/No
B] Polio Immunization: Yes/No
C] Date of last Tetanus booster: _____
2. Skin Diseases: Yes/No, If yes, please explain:
3. Allergies: Food, Drugs, Hay Fever: Yes/No, If yes, please explain:
4. Medication: List name(s) and dosage(s):
5. List any illness, chronic condition, or physical consideration the child has that may affect participation or safety:
6. Other suggestions that may help us to make your camper's week more enjoyable (regarding fears, anxieties, etc).

I authorize the following people to pick up my child from Day Camp. If there are any changes to these arrangements, I will give advance written notice. (Note: If there are any special instructions, or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name Phone Relationship

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- ___ I would be willing to have the Lutheridge Day Camp Staff to my home for a supper.
- ___ I would prepare lunch one day for the Lutheridge Day Camp Staff
- ___ I would like to help in the classroom
- ___ I would like to be a Day Camp Volunteer (snack help, morning registration table, etc.)
 - ___ 9:00-12:00 ___ 12:00- 4:00 ___ All Day
 - ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

RELEASE: I give my permission for my child to participate in all programs for the week and agree that the church and the camp as well as staff and volunteers from these organizations will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the church and the Lutheridge staff to secure and medical or emergency treatment deemed necessary for my child. As my child's parent or guardian I am the primary carrier of accidental/health insurance for my child. I also grant permission for my child's photo to be used in any promotional materials by the camp and church.

Signature of Parent/Guardian