



Day Camp 2010
July 12-16
Registration Form

Please print one form per child

Name _____
First Middle Last

Preferred Name _____ Birth Date _____

Address _____

City _____ State ____ Zip _____ Home Phone (____) _____

Parent/Guardian Name(s) _____ Work Phone (____) _____

Emergency Contact _____ Phone (____) _____

Physician _____ Phone (____) _____

Insurance Carrier _____ Group/Policy Number _____

Grade in school 2009-2010 _____

Home Church _____ City _____

T-Shirt size _____

Any restrictions to physical activities

Any 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 LutherHill Ministries, its staff, or the congregational volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give LutherHill Ministries permission to use any photograph/video of my child or me, taken at Day Camp, in future promotional materials for its sites and programs.

Parent/Guardian Signature

Date

Please note: Your child should wear play Clothes each day.