



**Day Camp 2011**  
**July 11-15**  
**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 2010-2011 \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

Special interests or hobbies \_\_\_\_\_

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 Emanuel's Lutheran Church, Lutheran Mission of Seguin or Lutherhill Ministries, their staff, or the congregational volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Emanuel's Lutheran Church, Lutheran Mission of Seguin, and 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.

**CAMP T-SHIRTS ARE AVAILABLE FOR \$10**