

# DAY CAMP REGISTRATION FORM

Camper's Familiar Name \_\_\_\_\_  
 Grade Completed (as of camp) \_\_\_\_\_ M ( ) F ( ) Birthdate \_\_\_\_\_ Age as of camp \_\_\_\_\_  
 Parent /Guardian Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_ Home Church \_\_\_\_\_ City \_\_\_\_\_  
**IN CASE OF EMERGENCY, PLEASE NOTIFY:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
 Relationship to camper \_\_\_\_\_

**APPROVED DRIVER**  
 Name of Person(s) picking up the child: \_\_\_\_\_  
 Phone Number of Approved Driver: \_\_\_\_\_  
 Relationship to Parent and Child: \_\_\_\_\_  
 List days to be picked up: \_\_\_\_\_  
 My Child has permission to walk home, ride a bike home from Day Camp \_\_\_\_\_YES \_\_\_\_\_NO  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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"/>

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 from. 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.

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.

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_