

LUTERHAVEN MINISTRIES
Youth Registration Day Camp 2017

Name of Church/Day Camp
Grace Lutheran

City/State
Wenatchee, WA

Dates Attending July 31 - August 4

Name _____ Date of Birth _____
Last First Middle Initial

____ Male ____ Female

Address _____
Street Address

City State Zip Code

Email

Custodial parent(s)/guardian(s) _____
Name(s)

Home address _____
(if different from above) *Street Address City State Zip Code*

In case of emergency, we (I) can be reached by phone at:

Cell/Home phone (____) _____ Work phone (____) _____

If we (I) are not available in an emergency, please contact:

Name _____

Relationship _____ Phone (____) _____

Additional Notes:

Pre K 9am – noon

K – 5 9am – 3pm (please send a lunch)

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Medical Information

Please Include A Photo Copy of the Front & Back of Insurance Card!

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication, Food, & Other Allergies _____

Medication(s) currently being taken _____

Epi-Pen (Circle one): **Y/N**

Description of any limitations or restrictions on camp activities

Medical Insurance Company _____

Insurance ID number _____

Permissions & Liability Release

I have requested that Lutherhaven Ministries enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries at one of its camps or sites. As a condition of participating in this camp, program or activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lutherhaven Ministries to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by the camp for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name (please print) _____

Signature _____ Date ____ / ____ / ____