

**Shepherd of Life Lutheran Church
2015 Day Camp- Act! Love! Walk!
August 3rd- 7th, 9:00 am- 3:30 pm**

Family's Last Name:		Child's Last Name: <i>(If different from family's)</i>		Today's Date:		
Father's/Guardian's Name: <i>(First name, Last Name)</i>			Mother's/Guardian's Name:			
Street Address:			Street Address <i>(If different):</i>			
City/State/Zip:			City/State/Zip:			
Home Phone:	Work Phone: EXT.	Cell Phone:	Home Phone:	Work Phone: EXT.	Cell Phone:	
Home E-mail Address			Home E-mail Address			
Work E-mail Address			Work E-mail Address			
Child's Name: <i>Please list each child you wish to register below</i>	Gender		Birthdate (MM/DD/YY)	Age	Grade 2014/2015	Special dietary, physical restrictions or allergies:
	Male	Female				
Other needs or requests (Please be specific):						
Form continues on the other side ----->						

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The following information boxes must be completed and signed otherwise the form will be returned to you.

Emergency Contact Information	Who can pick up your child from Day Camp: <i>(Please include their full name and phone number)</i>	Medical Information <i>(Will only be used in case of emergency)</i>
The child resides with:		Primary Care Physician:
Emergency Contact Name <i>(Other than a parent/guardian):</i>		Phone Number:
		Insurance Carrier:
Phone Number:		Group/Policy Number and ID #:

Emergency Permission

I give permission for my child, in case of emergency, to be taken to a physician or hospital by emergency personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency physician to hospitalize, and secure proper treatment for my son/daughter. Furthermore, I will not hold Lutherhill Ministries or Shepherd of Life Lutheran Church and their staffs responsible for accidents, claims and damages arising from my child's participation in camp activities.

Parent/Guardian's Signature and Date:

Permission for Photography/ Video

During Day Camp, photos/videos may be taken of the children while they are doing the activities. These photos may be used on the church's website or for other church purposes, such as newsletters, social media and bulletins. Additionally, Lutherhill Ministries may use photos/videos of Day Camp in their future promotional materials. Do you give us permission to photograph and use the photos/videos?

If not checked, it will be assumed that photos/videos are permitted.

Please check one: Yes No

Parent/Guardian's Signature and Date:

The cost for Day camp is **\$35 per child** (Includes 2 Snacks and Lunch).

Make checks payable to "Shepherd of Life Lutheran Church"

Note: Please include payment at time of registration

Childcare can be provided until 5:00 pm at no extra charge

Please indicate if you will need for your child(ren) to stay:

Yes No

For Office Use Only	Amount Due	Amount Paid	Cash	Check	Balance Due	Staff Member Initial