

Good Shepherd Lutheran Church

June 24-28, 2019

Host Congregation and/or Location

Dates of Camp

**LOMO Outreach & Amazing Grace Day Camps Registration, Health, & Permission Form**

*Please print legibly. Parent or guardian is to complete this form in pen. Thank you.*

**Camper Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (or P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade **Completed:** \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size (*Applicable for Congregation Use*): YS YM YL AS AM AL

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

**Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Additional Parent/Guardian Information**

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Additional Emergency Contact Information:**

**If the parents or guardians are not available in an emergency, notify:**

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_) \_\_\_\_\_

During Day Camp, how will your child come and leave from the day camp site? (circle all that apply) Walk Bike Car

The following person(s) is/are permitted to pick up my child from Day Camp:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

DO NOT release my child to the following person(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_

For Church Coordinator use (LOMO Outreach Day Camps)

Fee per person for week of Day Camp: \$ \_\_\_\_\_ Amount received: \$ \_\_\_\_\_ Date received: \_\_\_\_\_ Balance: \$ \_\_\_\_\_



***This exact form is required for each day camper.  
It is to be filled out in pen by the parent or guardian.  
Please copy this exact form only on white or light-colored paper.***

[www.lomocamps.org](http://www.lomocamps.org)

