

Day Camp Registration, Health, & Permission Form

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

Camper Information:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Preferred Pronoun: _____, _____, _____ Grade Completed: _____ Birthdate: ____/____/____

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. _____

Medical Information

My youth/child has the following physical, mental, or emotional conditions about which the adult volunteers or medical professionals need to know: _____

My youth/child is under the care or treatment of a medical professional for the following condition(s): _____

My youth/child is taking the following medications and/or has the following allergies: _____

Medical attention for my youth/child is covered under the following insurance policy(s):

Ins. Co. Name: _____ Plan type: _____

Policy #: _____ Holder's name: _____

Preferred Hospital: _____ Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Permissions:

- I do hereby give permission for the camper, previously named, to participate in all day camp activities and off-site field trips, except as previously noted.
- I do hereby give my permission for my child's likeness and/or photograph to be used for informational and promotional purposes for Good Shepherd Lutheran Church (In print, video, multimedia, and internet). Good Shepherd Lutheran Church agrees to make every effort to protect the privacy and dignity of your child. We will never include biographical information in connection with your child's picture/likeness. If you request that a picture be removed, it will be done immediately.
- I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give my permission to the physician selected by the Good Shepherd Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. I further authorize the Good Shepherd Staff, or their designee, to administer over the counter drugs and medications as needed.
- I hereby release and discharge Good Shepherd Lutheran Church, its agents, members, employees, directors and officers, from all claims, demands, damages, actions, of suits or any kind which my child or I ever had, now have, or may ever have against the Church, its successors or assigns, for all personal injuries or illnesses, known or unknown, which the child named above may suffer or incur while attending day camp.

Date: _____

Printed Name: _____

Parent/Guardian Signature: _____

