

Good Shepherd Lutheran Church
ReNew Day Camp
June 24 -29

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____ Current Grade: _____

Gender: _____ Male _____ Female

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

Custodial parent(s)/guardian(s) Email: _____

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

Home/Cell phone: (____) _____ (ok to text) Work phone: (____) _____

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

Name: _____

Relationship: _____ Phone: (____) _____

Address: _____

Description of any limitations or restrictions on activities: _____

Permission:

- Parent/Guardian Authorizations: All the above information is correct and complete as far as I know. The person herein described has permission to engage in all activities except as noted.
- I understand that the program runs from 9:30 am until 12:30 pm. I have arranged for my child to either be picked up or to walk home at the end of the program time.
- I understand that my child will be expected to respect themselves, others, and their surroundings. Failure to do so may result in my being asked to pick them up early. Repeated failure to be respectful may result in my child's dismissal from the program.

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Date: ____/____/____

- 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.

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Date: ____/____/____

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Child's name: _____ Birth date: _____

Name(s) of parent or guardian: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

Two persons other than parent or guardian to be notified in case of emergency if parent or guardian cannot be located:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

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 _____

CONSENT AND RELEASE OF CLAIMS

I hereby declare that I am the parent/legal guardian of: _____.

I hereby give my consent, in the event that all reasonable attempts to contact me or the child's other parent/guardian have been unsuccessful for:

1. The administration of any emergency treatment deemed necessary by the physician or dentist I have named above, or, in the event that the preferred practitioner is not available, by another licensed physician or dentist, and

2. The transfer of my child to, and reasonable emergency treatment at, a hospital or any other appropriate medical facility.

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 the ReNew Day Camp.

Parent /Guardian Signature _____ Date: _____