

# TRINITY LUTHERAN CHURCH VBS / SUMMER DAY CAMP / SPLASH CANYON Registration Form 2018

## Camper Information

Camper's Full Name: \_\_\_\_\_  
Last
First
Nickname

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Camp Session Information

Day Camp Session	Check (x) Weeks (s) Attending	Fee
<b>July 9 - 13</b>		
<b>July 16 - 20</b>		
<b>July 23 - 27</b>		
<b>July 30 - August 3</b>		
<b>August 6 - 10</b>		
<b>August 13 - 17</b>		
	<b><i>Total</i></b>	

**PERMISSION INFORMATION:**

Yes \_\_\_ No \_\_\_ **Permission for Participation:** I hereby consent to have my child participate in programs, events and field trips supervised by the Trinity Lutheran Church staff and volunteers. I understand that these may occur both at Trinity Lutheran Church as well as other locations. I hereby release and forever discharge Trinity Lutheran Church, its employees, agents and volunteers of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating. I acknowledge that I am responsible for any and all medical expenses of the above noted minor while participating in all programs, events, field trips, and agree to hold Trinity Lutheran Church harmless of any and all liability that may arise out of such participation. My child has permission to travel to, attend, and participate in Trinity Lutheran Church sponsored activities.

Yes \_\_\_ No \_\_\_ **Permission to Use Photographs:** I hereby consent that the videotapes, photographs, motion pictures, electronic Images and/or audio recordings of my child may be used by Trinity Lutheran Church for Public Relations and Publicity purposes. I understand that his/her last name and residence will not be used for publicity purposes.

Yes \_\_\_ No \_\_\_ **Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I authorize Trinity Lutheran Church to seek treatment for my child by a licensed physician/dentist pursuant to California Family Code Section 6910 and California Civil Code Section 25.8. I also agree to accept responsibility for the cost of above medical/dental services. I know of no reason(s) why my child may not participate in prescribed activities, except as noted on the this form. If permission for emergency medical/dental treatment is not given, a signed statement providing the reason, a release of liability, and alternate instructions is attached to this form.

**IMPORTANT MEDICAL INFORMATION (allergies, asthma, medications, etc):**

(If no information, write "none".)

**ADDITIONAL INFORMATION ABOUT CAMPER THAT WOULD BE HELPFUL FOR US TO KNOWS:**

(If no information, write "none".)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_