

CALVARY/GLLM DAY CAMP REGISTRATION 2018

Name of Camper: _____

Date of Birth: ___/___/___ Gender: M or F Age: ___ Grade Completed: ___

Parent/Guardian(s): _____

Primary Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

PARENT OR GUARDIAN MUST AGREE AND SIGN:

"I give permission for my child to attend the Green Lake Lutheran Ministries Day Camp program, taking part in the normal program activities. I also authorize the camp to secure a doctor to provide any necessary emergency medical care. I also give permission for the use of photographs, video, and electronic images including my child in camp promotion."

Parent/Guardian's Signature: _____

DAY CAMPER HEALTH FORM

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Health History: (check all that apply and give approximate date)

Diabetes _____ Ear Infections _____ Convulsions/Seizures _____ Concussion _____

Asthma _____ Tetanus Booster _____ Other _____

Food allergies _____

Medications to be brought to camp _____

Family Doctor _____ Phone _____

Is there any other information that we should know about your camper in order to best serve him/her during the Day Camp week?

PLEASE TURN COMPLETED FORM INTO THE CALVARY WELCOME CENTER!