

Day Camp Registration and Health Form

Church: Christ Lutheran Day Camp Dates: June 24-27, 2024

Personal Information:

Camper Name: _____ Grade Entering: _____

Birth Date: ____/____/____ Age: _____ M / F

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Siblings Attending Day Camp: _____

Health Information:

Medical Conditions that may affect Day Camp life:

Dietary Restrictions: _____

Other helpful information for us to know to ensure your child has the best week possible:

Permission:

I give my permission for my child to participate in all aspects of Day Camp except as noted. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I give permission for any picture of my child to be used for promotional purposes.

Parent/Guardian Signature

Date