

Day Camp Registration and Health Form

Location: Christ Lutheran Church 1201 S. Elm Jefferson

(North of Greene County MS) Sponsored by Central Christian and Christ Lutheran

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

Community Day Camp

June 26-29 M-Th 10:00-2:45

DAY CAMP COVENANT

As a participant in Day camp and child of God, I understand and agree to the following expectations:

- I will choose to participate fully in Day Camp.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to the Day Camp leadership team and volunteers.
- I will choose to use my words to build others up or I will choose to be quiet.
- I will not bring harm to myself. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where Day Camp is held. I understand that if I damage other people's property, I am responsible for replacing/repairing it.

I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others my parent/guardian will be contacted and I will be sent home.

Camper's First and Last Name

I have read this Conduct Covenant and enter into it with my child. I will encourage my youth to abide by it. I understand that, should my youth choose to break this Covenant, every effort will be made to contact me and my youth will be sent home. I understand that if I am not reachable, the emergency contact listed will be contacted.

Parent/Guardian's First and Last Name