

# Shetek Lutheran Ministries Day Camp 2017

## Camper Registration and Health Form

Camper's Name (First and Last): \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering in Fall 2017: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Names of those picking up camper: \_\_\_\_\_

Church Name (if applicable): \_\_\_\_\_

### **In Case of Emergency**

Emergency Contact (After Primary): \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate any special physical, dietary or emotional needs here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

**Authorization by Parent/Guardian:** I hereby give my permission for my child to participate in Day Camp and activities planned by the SLM staff for the day camp program. Shetek Lutheran Ministries, First Lutheran, or St Stephen may use any pictures or videos that my child appears in for promotional purposes. I also authorize delivery of necessary emergency care by available medical personnel as needed. I understand that my insurance is the primary insurance for my child for this event.

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

*\*Shetek Lutheran Ministry requires a Registration/Health History form for each Day Camp participant.*