

ROAD TRIP ADVENTURE: Here is Good!

REGISTRATION DEADLINE DATE: JUNE 5TH RETURN COMPLETED REGISTRATION FORM TO:
Jen Capener, West Linn Lutheran Church, 20390 Willamette Dr. West Linn, OR. 97068

2011 DAY CAMP REGISTRATION FORM

Camper's Familiar Name _____

Please Check One:

Entering Preschool or Kindergarten (Must Be Potty Trained) _____

(Entering 1st to 5th) Full Day _____ ½ Day AM _____ ½ Day PM _____

Grade Completed (as of camp) _____ M () F () Birthdate _____ Age as of camp _____

Parent /Guardian Name _____

Mailing Address _____ City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Email Address _____ Home Church _____ City _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Address _____

City _____ St _____ Zip _____

Day Phone _____ Night _____ Cell _____

Relationship to camper _____

APPROVED DRIVER

Name of Person(s) picking up the child: _____

Phone Number of Approved Driver: _____

Relationship to Parent and Child: _____

List days to be picked up: _____

My Child has permission to walk home, ride a bike home from Day Camp _____ YES _____ NO

Parent/Guardian Signature _____ Date _____

Type of Allergy	ALLERGIES		Type of Reaction: Please mark which apply		
	No	Yes	Mild	Moderate (Swelling or severe rash)	Severe (Difficulty Breathing)
Food	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (animal, plant, insect, etc...)	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any physical, behavioral, or emotional issues we should know about?

YES, I would like to help with VBS! (name and phone number) _____

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the Day Camp Healthcare Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

I also consent to the use of any photograph of my child or family in future Lutherwood publications. *A copy of this form will be shared with Camp Lutherwood Ministries at the end of the Day Camp week.

Parent Guardian Signature _____ Date _____