

2019 Clackamas Cluster Day Camp Registration Form

Jesus Welcomes All!

August 5-8, 2019 9-2pm

Registration Deadline Date: August 3rd

Return completed Registration Form to: Milwaukie Lutheran Church

3810 SE Lake RD Milwaukie OR 97222

Age Group : K-6th grade (must be 5yrs old)

FREE!

Camper's Familiar Name _____

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: _____

ALLERGIES

Type of Reaction: Please mark which apply

Type of Allergy	No Yes (please circle)	Describe/Specify Allergen	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 special needs (behavioral and/or physical) we should know about?

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 (used to share on facebook and to promote daycamp)

Parent Guardian Signature _____ Date _____

**Free Lunches available. Camp is funded by generous donations. If you would like to make a donation to offset the cost, you can make the checks out to MLC.