

Lutherhaven Day Camp and VBS at Emmanuel Lutheran Church, June 12-16, 2017

Sponsored by: Lutherhaven Ministries and Emmanuel Lutheran Church

Please mail, fax, or scan/email the registration form in advance when possible to:

Emmanuel Lutheran Church, 1036 West 'A' St., Moscow, ID 83843 | fax 208-882-3917 | emmanuelmoscowid@gmail.com

HELPER Registration Form

HELPERS are those entering 7th grade through adult

Name (Last, First, Middle Initial) _____ Male() Female()

Home (Street) Address _____

City, State, Zip Code _____

Home Church: _____

HELPER E-mail _____

HELPER Phone (can be parent's #) _____ home/cell (circle one)

Day Camp is June 12-16, 2017; Days & Times I am available (please mark times for each day!)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

I bring these gifts and/or areas of interest & experience: _____

If HELPER is under 18 years of age, please complete this section.	Date of Birth ____/____/____ Age at camp _____ Grade entering in Fall 2017 _____ must be entering 7th grade or older
	Primary Parent / Guardian Contact (just list ONE here) _____
	Preferred Phone: _____ home/cell/work/other (circle one)
	Secondary Phone: _____ home/cell/work/other (circle one)
	Parent/Guardian E-mail _____
Home Address _____ (if different from above) Street Address City State Zip	

If **Primary** Parent/Guardian (above) cannot be contacted, please contact (other parent, friend, grandparent, etc):

Name _____

Phone: _____ Relationship to Helper: _____

Lutherhaven Day Camp and VBS at Emmanuel Lutheran Church, June 12-16, 2017

Sponsored by: Lutherhaven Ministries and Emmanuel Lutheran Church

Please mail, fax, or scan/email the registration form in advance when possible to:

Emmanuel Lutheran Church, 1036 West 'A' St., Moscow, ID 83843 | fax 208-882-3917 | emmanuelmoscowid@gmail.com

Medical Information

Medication Allergies _____

Food Allergies _____

In the case of life-threatening or severe allergies, helpers must provide their own snacks.

Date of last Tetanus shot ____/____/____ or (current yes/no ?) _____

Medication(s) currently being taken _____

Family Physician _____ Phone _____

Medical Insurance Company _____ Insurance ID number _____

Description of any limitations or restrictions on camp activities _____

Permission and Covenant

Parent/Guardian Authorizations & Liability Release:

I have requested that Lutherhaven Ministries and Emmanuel Lutheran Church congregation enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries & Emmanuel Lutheran Church congregation at one of its camps or sites. As a condition of participating or allowing my child to participate in this camp, program or activity, I do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lutherhaven Ministries & Emmanuel Lutheran Church congregation to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by Lutherhaven Ministries & Emmanuel Lutheran Church congregation for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness.

Camper Covenant

I have discussed the following expectations and covenant with my camper: All Day Camp/VBS participants will treat each other kindly with words and actions. Camper covenant - For my own safety and the safety of my fellow campers and helpers, I will follow the rules and directions of the Day Camp/VBS Leaders. I understand that if I repeatedly have difficulty following directions, my guardians will be phoned and I may be asked to leave Day Camp/VBS.

Signature of helper _____

Name of parent/guardian (please print) _____

Signature of parent/guardian _____ Date ____/____/____

YES / NO (Please circle one) My teen helper has my permission to arrive and depart from camp without my presence.
(i.e.: walking or riding bike, carpooling with another adult or teen)