

Please mail , fax or scan/email registration IN ADVANCE to:

Emmanuel Lutheran Church, 1036 West 'A' St., Moscow, ID 83483 | fax 208-882-3917 | emmanuelmoscowid@gmail.com

Lutherhaven Ministries and Emmanuel Lutheran Church

June 18-22, 2018 Day Camp/VBS Registration

4 yrs-Kindergarten — 9:00am-11:30 only, Entering Grades 1st-6th — 9:00am-3:00pm

Name _____
Last First

Grade Entering _____ Birthdate _____ ___ Boy ___ Girl

Address _____
Street State Zip

Parent/Guardian Name _____

Phone # _____ Phone # _____

Email Address: _____

In case of an emergency and Parent/Guardian cannot be reached, please contact:

_____	_____
<i>Name</i>	<i>Phone</i>
_____	_____
<i>Name</i>	<i>Phone</i>

People other than Parent/Guardian who are authorized to pick up camper:

_____	_____
<i>Name</i>	<i>Phone</i>

People who are NOT authorized to pick up camper:

_____	_____
<i>Name</i>	<i>Phone</i>

Please tell us how we can help your child have a successful week at camp:

Parent/Guardian signature _____

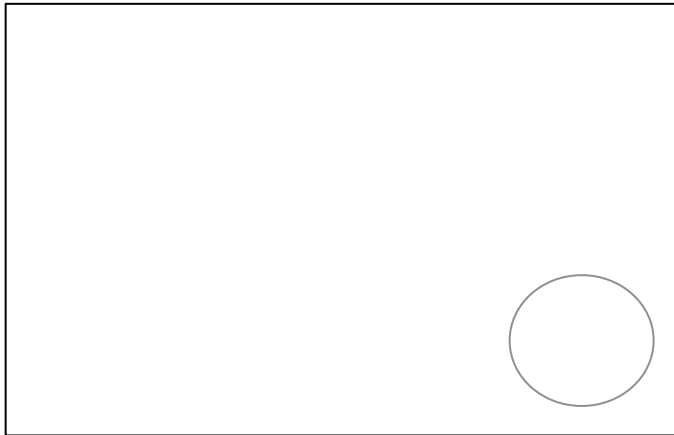
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Name Tag (send this page in with your registration—do not cut):

Use large print, and a sharpie if possible 😊

If your child does **NOT** have a food or medical concern, please use this name tag:
Print your child's First and Last name in the left box, and number of entering grade in circle

	
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If your child DOES have a food or medical concern, please fill out this name tag:
Print your child's First and Last name in left box, and number of entering grade in circle
Check all that apply in the box on the right (this will be folded to the back of the name tag).

	<p><input type="checkbox"/> Gluten Free Diet</p> <p><input type="checkbox"/> Dairy Free Diet</p> <p><input type="checkbox"/> Nut Allergy</p> <p><input type="checkbox"/> Other (we'll check the registration)</p>
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REMINDER: If your child has food allergies or intolerances and you have any doubt regarding the snack items that we provide (described in the parent letter), please send a separate bagged snack for your child for that day, clearly marked with your child's name as well as the grade they are entering. You must give the snack bag to a camp adult leader at registration. **Do not include this snack in their lunch bag;** their lunch bags are stowed elsewhere until lunch time.

***Thank you** for allowing us this attempt to effectively distinguish at a glance where there are such concerns, but please know we will also gather this information from registration.*

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Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication, Food, & Other Allergies

Medication(s) currently being taken _____

Epi-Pen (Circle one): Y/N

Description of any limitations or restrictions on camp activities

Medical Insurance Company _____

Insurance ID number _____

Permissions & Liability Release

I have requested that Lutherhaven Ministries and Emmanuel Lutheran Church enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries and Emmanuel Lutheran Church at one of its camps or sites. As a condition of participating in this camp, program or activity, I, the undersigned, 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 and Emmanuel Lutheran Church 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 the camp 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 Name _____

Parent/Guardian Name (please print) _____

Signature _____ Date ____/____/____