

**Lutherhaven Day Camp and VBS at Emmanuel Lutheran Church, June 18-22, 2018**

Sponsored by: Lutherhaven Ministries and Emmanuel Lutheran Church

**Please mail, fax, or scan/email the registration form IN ADVANCE 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*

*Open to 6th graders with prior permission of camp leader (Janet or Lisa), but must return to camper status for the afternoon.*

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)

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**Indicate the days and times (June 12-18, 2018) the Helper is available to serve:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

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

\_\_\_\_\_

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**If HELPER is under 18 years of age, please complete this section.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_ Grade entering in Fall 2018 \_\_\_\_  
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: \_\_\_\_\_

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### 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)