

DAY CAMP REGISTRATION 2012

Please PRINT, complete and return to your church office.

Name of Camper: _____

Date of Birth: ___/___/___ Gender: M or F Age: _____ Grade Completed: _____

Parent/Guardian(s): _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Adults allowed to pick camper up: _____

Green Lake Lutheran Ministries is open to all, regardless of race, color, sex, religion, national origin, age or handicap.

PARENT OR GUARDIAN MUST AGREE AND SIGN:

"I give permission for my child to attend the Green Lake Lutheran Ministries Day Camp program, taking part in the normal program activities. I also authorize the camp to secure a doctor to provide any necessary emergency medical care. I also give permission of the use of photographs, video, and electronic images including my child in camp promotion."

Parent/Guardian's Signature: _____

Please DO NOT allow your child to bring Ipods, MP3 Players, cell phones, or hand held games to camp.

DAY CAMPER HEALTH FORM

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Health History: (check all that apply and give approximate date)

Diabetes _____ Ear Infections _____

Convulsions _____ Asthma _____

Rheumatic Fever _____ Tetanus Booster _____

Other _____

Chronic or Recurring Illnesses _____

Recent Injuries or Illnesses _____

Medications to be brought to camp _____

Family Doctor _____ Phone _____