

# ST. ANDREW - 2017 LUTHERWOOD DAY CAMP

## REGISTRATION FORM

**Welcome to Lutherwood Day Camp at St. Andrew Lutheran Church! We are excited to have you join us!**

- Camp is Monday July 17<sup>th</sup> – Friday July 21<sup>st</sup> 9am - 3pm Mon - Thurs & 9am - 12pm Fri
- Open to kids entering 1<sup>st</sup> grade – 6<sup>th</sup> grade for the 2017/2018 school year
- \$50 / camper *(Scholarships are available)*
- **Registration Deadline: Friday, June 30<sup>th</sup> 2017**
- **Please complete both sides** of this form and return by mail or in person with the camp fees to:  
 St. Andrew Lutheran Church  
 12405 SW Butner Rd.  
 Beaverton, OR 97005

Camper's Full Name _____	Birthdate _____
Camper's Preferred Name _____	Gender _____
Grade Completed (as of camp) _____	School _____
Custody Paperwork? Y N <i>(please speak to coordinator with concerns)</i>	Home Church _____
<b>Parent/Guardian Name</b> _____	Does camper live with you? Y N
Home Phone _____ Cell _____	Work _____
Mailing Address _____	
Email _____	Relationship to camper _____
<b>Parent/Guardian Name</b> _____	Does camper live with you? Y N
Home Phone _____ Cell _____	Work _____
Mailing Address _____	
Email _____	Relationship to camper _____

<b>AUTHORIZED TO PICK UP CAMPER (if any other than parents)</b>	
Name _____	Relationship to camper _____
Name _____	Relationship to camper _____

<b>I'd like to volunteer during camp! I can help by:</b>		
<input type="checkbox"/> Bring Snacks	<input type="checkbox"/> Playground Duty	<input type="checkbox"/> Assist Group Guides

<b>CAMP FEES</b> <i>(scholarships available)</i>	<b>\$ 50.00 per camper</b>
I would like to make a donation to help other families attend	\$ _____
Total enclosed	\$ _____
Please make checks payable to: St. Andrew Lutheran Church	

<b>Office use: AMT RECEIVED</b> _____	<b>CK #</b> _____	<b>DATE</b> _____	<b>BY</b> _____
---------------------------------------	-------------------	-------------------	-----------------

*For scholarship, questions, and more information go to [www.standrewlutheran.com](http://www.standrewlutheran.com) or call the office at 503-646-0629*

## HEALTH INFORMATION & EMERGENCY CONTACTS

### ALLERGIES

Type of Reaction: 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 other health issues we should know about?

Does your child have any special needs (behavioral and/or physical) we should know about?

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Member ID: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No    I give permission for sunscreen to be applied to my child by St. Andrew volunteers when needed.  
(please initial)

### EMERGENCY CONTACT(S) (other than parents/guardians):

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I grant permission for St. Andrew to **take photos of my child** and post them on bulletin boards inside the church, view on a slide show at the end of the camp week, and possibly a camp newsletter handed out on the last day of camp. I hereby give informed and expressed consent for my child to **take part in all camp activities** under supervision, and agree that St. Andrew Lutheran Church or Day Camp personnel will not be held responsible for accidents arising there from. Recognizing that St. Andrew Lutheran Church will do its best to provide a safe and fun experience, I understand that accidents may occur during my child's participation in the program. I agree to **assume these risks**. By signing below, I release and hold St. Andrew Lutheran Church and Day Camp personnel harmless of all liability based on damage, loss or injury incurred by my child or to me while on St. Andrew Lutheran Church property or during participation in the program and activities. I authorize the designated Day Camp staff/volunteer to **provide appropriate treatment** to my child for injuries and/or illness. I understand every effort will be made to contact me when medical attention is required. In the event I cannot be contacted, I grant permission and **authorize transportation** by ambulance or aid car to an emergency center for treatment. I further consent to medical attention as recommended by a licensed physician. I agree to take responsibility for all medical costs involved in such treatment. 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.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_