

For office use only:
Amount paid _____ Cash _____ Check _____

Pullman VBS – Day Camp 2018

June 25-29 – at Simpson United Methodist Church

CAMPER Registration Form

Sponsored by: Pullman VBS-Day Camp Congregations (Concordia Lutheran, Pullman Presbyterian, Sacred Heart Catholic, Simpson United Methodist, Trinity Lutheran) & Lutherhaven Ministries

Name _____
Last First Middle Initial

Address _____
Street Address

City State Zip Code

Home Church: _____

Date of Birth ____/____/____ Age at camp ____ Grade entering in **Fall 2018** ____

Note: Campers are entering grades 1-6 this fall. NO EXCEPTIONS Gender: Male Female
Preschoolers are at least age 4 by Aug. 31, 2018—space is very limited, register ASAP!

Please provide info for **ONE** parent/guardian to be contacted in case of emergency while camper is at camp and receive emailed info/announcements:

Primary Parent/Guardian Contact _____

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 Code

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

Name _____

Phone: _____ Relationship to Camper _____

2018

Checks payable to: PULLMAN VBS

By May 31: \$25/child, \$50/family maximum

After May 31: \$30/child, \$60/family on a space-available basis

Please turn over!

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 Allergies _____

Food Allergies _____

In the case of life-threatening or severe allergies, families must provide snacks for the child every day (regardless of group snack).

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 & Covenant

Parent/Guardian Authorizations & Liability Release:

I have requested that Lutherhaven Ministries & Pullman VBS-Day Camp Congregations enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries & Pullman VBS-Day Camp Congregations 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 & Pullman VBS-Day Camp Congregations 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 & Pullman VBS-Day Camp Congregations 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 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 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.

Signature of camper _____

Name of parent/guardian (please print) _____

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