

# Christian Day Camp Registration & Health Form July 17<sup>th</sup> – 20<sup>th</sup> , 2017

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Lutheran Church of the Cross ♦ (303) 674-4130  
28253 Meadow Drive ♦ PO Box 2800 ♦ Evergreen, CO 80439

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This form needs to be completely filled out by a parent/guardian. One form for each camper is required.

Campers Name \_\_\_\_\_  
last first initial

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_  Male  Female

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**In the event of an emergency, we will call phone numbers in the order they are listed.**

Phone #1 (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell  Other

Phone #2 (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell  Other

Phone #3 (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell  Other

Phone #4 (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell  Other

Back Up Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry medical/hospital insurance?  Yes  No

Carrier: \_\_\_\_\_

Group/policy Number: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Are immunizations current?      Yes      No

Allergies or Health Conditions (Please list & explain):

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Suggestions, any activity restrictions, or health-related information for camp personnel:

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**– We are not Med Certified –**

If your child needs prescribed or over the counter medications during day camp hours, only parents/guardians are allowed to administer them. Please make specific arrangements with the Day Camp Coordinator if medications are needed.

I have read and will comply with giving LCC Christian Day Camp health consent.

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

I have read and will comply with the LCC Consent request.

I am interested in the policies and programs of Lutheran Church of the Cross (LCC). I give my child permission to participate in all activities. I agree that LCC will not be held responsible for accidents or persons injured arising there from. I also understand my photo or my child's photo may be taken for use in church/camp promotional literature. I waive the right to inspect or approve the photo if used for such purposes.

I have read and will comply with the behavior request.

I understand that this is a Christian event and that for the benefit of all, good behavior is expected. I understand that if need be, I may be called and asked to pick up my camper/child.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Suggested Donations:**

A suggested donation of \$40 per child (\$25 for preschool) is requested. Any donation is acceptable – **the best gift is your presence!** (Checks payable to: "Church of the Cross" or "LCC")

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|---|---|
| <input type="checkbox"/> \$40 per camper (Kindergarten – 8 <sup>th</sup> grade) | <input type="checkbox"/> I wish to sponsor other campers \$ _____ |
| <input type="checkbox"/> \$25 for preschoolers (half day)                       | <input type="checkbox"/> Donation of \$ _____                     |
| <input type="checkbox"/> \$100 family rate (for multiple siblings)              | <input type="checkbox"/> I am unable to donate at this time.      |

How did you hear about our camp?

Friend       Community Mailing       Newspaper       Signs on property       Other \_\_\_\_\_