

SCHOOL-AGE DAY CAMP

for those currently in kindergarten through 5th grade



“CRITTER CAMP”

June 12 – 16

9:00 a.m. – 2:00 p.m.

\$35 per camper includes t-shirt, all supplies, and snacks

Do not let finances stop your children from attending.

See Sherry for scholarship information.

CAMPERS: Bring your own sack lunch each day. Invite your friends to join you as we grow in faith.

PARENTS: Your children’s behavior and willingness to learn and grow is the key to his/her faith development. Please discuss with your children the importance of behaving at day camp as we have fun. Thank you!

TO REGISTER: To register, please return this registration form to Sherry or the church office (PO Box 768 Lindstrom 55045)

OR

Find this form online at www.trinitylindstrom.org; scan & e-mail it to sherry@trinitylindstrom.org or bette@trinitylindstrom.org.

Registrations due by WEDNESDAY, JUNE 7.

Name: _____

Address: _____ City _____

Phones: _____

Email: _____

My child has my permission to participate in **SCHOOL-AGE DAY CAMP June 12 - 16, 2017 from 9:00 – 2:00 p.m.** at Trinity Lutheran Church in Lindstrom. I recognize that there are risks involved in participating in this activity with Trinity Lutheran Church and hereby assume all risk of injury, harm, or damage to my minor child as they participate in this activity. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child’s participation in programs and related activities. I hereby release Trinity Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church

to administer necessary first aid or seek emergency medical attention for my child. I hereby authorize an adult leader of this event, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor’s office or in any hospital. I expect to be contacted as soon as possible. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I give my permission for my child to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child’s names will NOT be published or linked with photographs.

Signature of Parent/Guardian:

PARENTS: How will you help? We need YOUR help in the following areas:

- ___ Counselor
- ___ Crafts
- ___ Van driver
- ___ Make props / set up
- ___ Games
- ___ Music
- ___ Kitchen duty 11:00 – 2:00 p.m.
- ___ Nursery helper 9:00 – 1:30 p.m.
- ___ Help supervise activities 12:00-2:00 p.m.
- ___ Registration **Monday, June 12** 8:00-9:30 a.m.
- ___ Clean up **Friday, June 16** at 1:30 p.m.

My child: is a member of Trinity: Yes No / was invited by _____

EMERGENCY INFORMATION: In case of emergency, please contact (when parent/guardian cannot be reached):

NAME _____

Phone(s) _____

MEDICAL INFORMATION:

DOCTOR _____

Phone _____ **OR: CIRCLE ONE**

C. L. Clinic 651-257-8400 ♦ Fairview-Wyoming 651-982-7000 ♦ St. Croix Clinic 1-800-642-1336

Please list any allergies _____

Medications being taken _____

Medical/dietary needs _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy # _____ Group # _____