



“Let Jesus Be Our Guide”

SCHOOL-AGE DAY CAMP

for those currently in kindergarten through 5th grade

June 11 – 15

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

OR

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

Registrations due by WEDNESDAY, JUNE 6.

Camper’s Name: _____ Grade: _____

Camper’s Name: _____ Grade: _____

Camper’s Name: _____ Grade: _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Household Email Address: _____

My child/ren: is/are a member(s) of Trinity: Yes No / was invited by _____

My child/ren has my permission to participate in **SCHOOL-AGE DAY CAMP June 11 - 15, 2018 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/ren. 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/ren 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/ren 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/children’s names will NOT be published or linked with photographs.

Signature of Parent/Guardian

Date

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

NAME _____ Phone _____

MEDICAL INFORMATION:

DOCTOR _____ Phone _____

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 _____

INSURANCE INFORMATION:

Medical _____ Policy # _____ Group # _____

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Set Up, Sunday, June 10 , 11:30 a.m. |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Kitchen Duty 11:00 – 2:00 p.m. |
| <input type="checkbox"/> Van Driver | <input type="checkbox"/> Nursery Helper, 9:00 – 1:30 p.m. |
| <input type="checkbox"/> Make Props | <input type="checkbox"/> Help Supervise Activities. 12:00-2:00 p.m. |
| <input type="checkbox"/> Games | <input type="checkbox"/> Registration Monday, June 11 , 8:00-9:30 a.m. |
| <input type="checkbox"/> Music | <input type="checkbox"/> Clean Up Friday, June 15 , 1:30 p.m. |
| <input type="checkbox"/> Other | |

Outreach Projects during Day Camp:

- **Food for Hunger Relief Services (Food Shelves) at Family Pathways**

People you would never expect are hungry - including 1 in 5 children. As the largest distributor of food in East Central Minnesota, Family Pathways helps those who do not have enough to eat.

- **Monetary Donations for the True Friends Organization**

True Friends provide life-changing experiences that enhance independence and self-esteem for children and adults with disabilities. True Friends is a nonprofit agency providing life-changing experiences that enhance independence and self-esteem for children and adults with disabilities. True Friends' programs include camp, respite, therapeutic horseback riding, conference and retreat, travel and team building; serving over 25,000 individuals annually. With camps near Maple Lake, Annandale, Eden Prairie and Bemidji, True Friends serves individuals in Minnesota and throughout the United States.

- **Aluminum Can Recycling to purchase gas for Trinity Camp trips**

- **Pop Tabs for Ronald McDonald House**

- **Various projects for Meals on Wheels**