

Trinity Lutheran Church of Vancouver Washington

DAY CAMP/Vacation Bible School

June 24 – 28, 2019 (M-F) 9am to 1pm

Open to children currently 4 years old to 6th grade (in the fall.) Camper must be potty trained.

Your donation (any amount) will help us provide an excellent experience for your child.

Registration deadline: June 17, 2019 Please fill out one form per child (both sides.)

Return completed form to Trinity Lutheran Church 309 W 39th Street Vancouver WA 98660 Questions: 360-695-1221

Day Camper: Name _____	Age as of camp _____	M () F ()
Birthdate ____/____/_____	Grade Completed _____	Home Church _____
Address _____	City _____	State _____ Zip _____
Parent/Guardian: Name _____		
Day Phone _____	Night _____	Cell _____
Email Address _____		

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to Camper _____

Day Phone _____ Night _____ Cell _____

AUTHORIZED TO PICK UP CHILD:

Name _____ Relationship to Camper _____

Day Phone _____ Night _____ Cell _____

Which days will this driver pick the child up? M () T () W () Th () Fr ()

Camper has Parent/Guardian's permission to walk or ride bike home from Day Camp: Yes () No ()

Parent's Signature _____ Date _____

Does the camper have any allergies? Y () N () If yes, complete the back of this form.

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and I agree that Trinity Lutheran Church and/or the personnel at Day Camp will not be held responsible for accidents arising there from. I authorize the Day Camp program leaders to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on the form may be released to the appropriate medical personnel in case of medical emergency. I understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

I consent to the use of any photograph of my child or family in future Trinity Lutheran Church publications.

Parent/Guardian Signature _____ Date _____



ALLERGIES:

Please indicate any allergens that affect your child, describe/specify and indicate severity; Mild, Moderate (swelling or severe rash) or Severe (difficulty breathing)

Y () N () Food _____ Mild () Moderate () Severe ()

Y () N () Medication _____ Mild () Moderate () Severe ()

Y () N () Environmental _____ Mild () Moderate () Severe ()

Y () N () Other _____ Mild () Moderate () Severe ()

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