

# LUTHERHILL 2016 DAYCAMP REGISTRATION FORM



**LUTHERHILL**  
MINISTRIES

Please Print Clearly

## CAMPER INFORMATION

Male     Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

Home Congregation: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Food Allergies or Special Needs: \_\_\_\_\_

## PARENT/GUARDIAN 1 INFO

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

email: \_\_\_\_\_

## PARENT/GUARDIAN 2 INFO

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

email: \_\_\_\_\_

## EMERGENCY INFORMATION-REQUIRED

Emergency Contact that is not a Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Cell     Home     Work

Please know that the Parent/Guardian(s) listed on this form will be the first point of contact in case of an emergency. The Emergency Contact listed will only be contacted if we cannot reach either Parent/Guardian.

## DAYCAMP DETAILS

Each registration comes with one DayCamp T-Shirt, please indicate size above.

**Sibling Discount**-A \$20 discount is available to each additional sibling after one camper is paid in full.

**Camperships**-Camperships are available based on need. Please contact [laura@lutherhill.org](mailto:laura@lutherhill.org) or our office at 888-266-4613 for an application.

## PAYMENT METHOD

Check payable to Lutherhill Ministries

VISA     MasterCard     Discover     American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Email: \_\_\_\_\_

## WAIVER & CONSENT

My child has permission to take part in all DayCamp activities, we agree that the camp and its personnel will not be responsible for accidents arising thereof. I am responsible for any medical obligations incurred during the camping period and give the camp staff permission to seek medical treatment for myself (or my child) in case of injury or illness. I also give permission for use of photographs which include myself (or my child) to be used for camp publicity.

**X**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## DAYCAMP FEES

Price of program + \$ 135.00

Optional donation + \$ \_\_\_\_\_

Total Amount Due = \$ \_\_\_\_\_

Total Amount Included - \$ \_\_\_\_\_

**Balance Due = \$ \_\_\_\_\_**

**(On or before  
June 27, 2016)**