

Lutherhill 2018 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 registrar@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 + \$ _____

Optional donation + \$ _____

Total Amount Due = \$ _____

Total Amount Included - \$ _____

Balance Due = \$ _____

**(On or before
May 15, 2018)**

\$135 per session

SESSION(S)

Choose the session(s) you would like to attend

Session 1 - July 9-13

Session 2 - Aug 6-10