



2009 Children's Ministry Summer Camp Registration

Please print clearly and complete both sides of this form in its entirety and return to Trinity. Scholarships are available.

Pre-K thru Grade 2 (Must be 3-years-old by 9/1/09 & potty-trained) <input type="checkbox"/> How Does Your Garden Grow? – June 15-17, \$15 <input type="checkbox"/> Friends & Fun with Jesus – July 13-15; \$15 Pre-K thru Grade 4 (Must be 3-years-old by 9/1/09 & potty-trained) <input type="checkbox"/> Vacation Bible School – Aug. 10-14; \$20 (\$75 max./family) VBS Crocodile Rock CD and DVD available for purchase: ___ CD @ \$6 ___ DVD @ \$10	Grades 3-6 <input type="checkbox"/> Bay Lake Camp – June 18-21; \$285 <input type="checkbox"/> Helping Hands – July 7, 14, 21, 28; \$80 Grades 4-6 <input type="checkbox"/> Be the Story...A Drama Adventure – Aug. 10-14, \$20
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Child's Information

Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		School attending Fall of 2009:	
First	Middle	Last			
Address:			City:	State:	Zip Code:
Date of Birth:	Trinity Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested		Child lives with (<i>check all that apply</i>): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		
Grade just completed:			Special Requests:		
T-Shirt Size? <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM					

Parent Information

Please provide an e-mail address. Future communication regarding event details will be sent via e-mail.

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
E-mail Address(es)			

Parent and Guardian Participation

I would like to help with the following camps:

- | | |
|------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> How Does Your Garden Grow? – June 15-17 | <input type="checkbox"/> Bay Lake Camp – June 18-21 |
| <input type="checkbox"/> Friends & Fun with Jesus – July 13-15 | <input type="checkbox"/> Helping Hands – July 7, 14, 21, 28 |
| <input type="checkbox"/> Vacation Bible School – Aug. 10-14 | <input type="checkbox"/> Be the Story...A Drama Adventure – Aug. 10-14 |

Please contact me at _____

Form continues on reverse side.

Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
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Health Information

Doctor's Name:	Doctor's Office Phone Number:
Medical Insurance Company:	Policy Number:
Please indicate below any medical needs the staff should be aware of:	<input type="checkbox"/> Allergies (insects, food, medications, etc.)? If so, please explain:
	<input type="checkbox"/> Illnesses (asthma, bleeding, cold, flu)? If so, please explain:
	<input type="checkbox"/> Physical restrictions, personality changes, mood swings or depression over the past 6 months? If so, please explain:

Promotional Release

I give permission for my child's photo to be used for publicity purposes without compensation: Yes No

Parental Release

I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.

(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)

Parent/Guardian Signature:	Date:
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Please make checks payable to Trinity Lutheran Church.

If not a member of Trinity Lutheran Church, are you interested in receiving mailings relating to our Children's Ministry events? Yes No

For office use:		
Date:	Amount:	Check Number:

Updated:	
Date:	Initial:



Submit