

## **EWALU DAY CAMP 2017**

### **"The Water of Life"**

**Who:** Kids entering 1<sup>st</sup> thru 6th Grade; non-members welcome

**What:** A week of faith and fellowship where campers and their friends will grow in their commitment to God through bible studies, music, art and wacky activities.  
**DAILY: BRING A SACK LUNCH AND DRINK(except Friday). WEAR MESSY CLOTHES!**

**When:** July 10-14, 2017  
Monday 9:00-3:00  
Tuesday 9:00-3:00  
Wednesday 8:45-3:00 (At EWALU)  
Thursday 9:00-3:00  
Evening Program - Time TBA  
Friday 9:00-12:00

**Where:** Lutheran Church of the Resurrection (LCR)  
3500 29<sup>th</sup> Avenue, Marion 52302  
319-377-4689

**Cost:** One child is \$50.00; additional family members are \$35.00 each. After June 18<sup>th</sup> fees increase to \$55.00 for the first child and \$40.00 for additional family members. Please make checks payable to LCR. Scholarships are available.

Email questions to [tammy@lcrmarion.org](mailto:tammy@lcrmarion.org)  
377-4689

## Day Camp Registration

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade **17/18** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Health Information

Name of Insurance Company: \_\_\_\_\_

Name of person with coverage: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Phone # of insurance company: \_\_\_\_\_

Immunization:           A) DPT Permanent Shots (series of 3) Yes/No  
                                  B) Polio Immunization: Yes/No  
                                  C) Date of last Tetanus booster: \_\_\_\_\_

Skin Diseases: Yes/No If yes, please explain \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Paid \$ _____ check # _____
Consent Form _____
Date _____

## Authorization to Consent to Medical Treatment

I, We, the parents or legal guardians of \_\_\_\_\_, a minor, hereby authorize Lutheran Church of the Resurrection personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and Lutheran Church of the Resurrection is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

Please list any medical conditions or concerns that would effect emergency treatment for your child:

\_\_\_\_\_

List any allergies that would be a health concern or effect emergency medical treatment: (Examples: food, medications, latex, insect stings, etc.)

\_\_\_\_\_

\_\_\_\_\_

(If so does your child carry an EPI Pen? \_\_\_\_\_)

### Image Consent

I/We do \_\_\_\_\_ do not \_\_\_\_\_ give my consent for photographs and video images of my child to be used on the LCR website, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Yes, we can help with Day Camp!**

\_\_\_\_\_ We can host some EWALU counselor(s) in our home for the week. (Sunday-Thursday) (# of counselors\_\_\_\_\_)

\_\_\_\_\_ We can provide sack lunches for the counselors.

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_

\_\_\_\_\_ We can host EWALU counselors for dinner.

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_

\_\_\_\_\_ We can provide snacks. Call us when you know what you need.

\_\_\_\_\_ We have enclosed a cash donation. Please purchase what you need to help give kids a great week of faith and fun!

\_\_\_\_\_ I have some extra time that week. Please contact me if you need help.

\_\_\_\_\_ My middle/high school student would like to be a counselor assistant

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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