

EWALU DAY CAMP JULY 9-13

Camper Information	
Name:	Age:
Date of Birth:	Grade in fall '18:
Street address: City/State/zip:	
Guardian Information	
Parent/Guardian Name(s):	
Street address: City/State/Zip: <i>If different from above</i>	
Cell Phone:	Alt. Phone:
Email:	
Emergency Contact	
Name:	
Relationship to camper:	
Cell Phone:	Alt. Phone:
Health Information	
Name of insurance company:	
Name of person with coverage:	
Insurance Number:	
Immunizations:	A) DPT Permanent Shots (Series of 3): Yes / No B) Polio Immunization: Yes / No C) Date of last Tetanus booster: _____
Allergies:	<i>Please list any allergies and explain treatment and/or medication taken:</i>
Other Medical Conditions:	<i>Feel free to share anything you would like us to know about you</i>

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Authorization to Consent to Medical Treatment

I, We, the parent(s) or legal guardian(s) 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.

Image Release

I/We, the parent(s) or legal guardian(s) of _____, a minor, understand that sending my child to Day Camp authorizes Lutheran Church of the Resurrection to use photographs and video images of my child for Day Camp related purposes. I/We understand that these images may be seen on the LCR website/social media, classroom videos/posters, church services and/or church publications. Identification will not be included with photos or videos used for church materials. If you have any questions with this policy please contact Jessi at jessi@lcrmarion.org

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY:

Paid \$ _____ **Check Number:** _____ **Date:** _____

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Volunteer Opportunities	
In our home:	<p>_____ We would be available to host EWALU counselors in our home from Sunday thru Thursday (# of counselors _____)</p> <p>_____ We would be available to host EWALU counselors for dinner Mon. _____ Tues. _____ Wed. _____ Thurs. _____</p>
Through our resources:	<p>_____ We would like to donate lunch for the counselors Mon. _____ Tues. _____ Wed. _____ Thurs. _____</p> <p>_____ We would like to donate snacks for the campers (Jessi will contact you with specific requests)</p> <p>_____ We would like to contribute financially to help create a fun and faith filled week for the campers (Please include your donation with this form)</p>
Through our time:	<p>_____ I have some extra time that week and would like to help (Jessi will contact you with specific requests)</p> <p>_____ I have a 8th-12th grade student that would like to help during the week</p> <p>Name: _____ Age: _____</p> <p>Best way to contact: _____</p>

Contact info for volunteer/contributor:

Name: _____

Phone: _____

Email: _____