



# CAMPER REGISTRATION FORM

**CAMP HOPE MINISTRIES,**

Invite  
your  
friends  
to  
camp!

Christ Lutheran Church  
86 Plantation Drive  
Lake Jackson, TX 77566  
979-297-2013  
www.ChristLutheran-LJ.org

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

Gender: Male Female

Date of Birth: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size

(please circle one)

Child S M L

Age / Grade Completed: \_\_\_\_ / \_\_\_\_

Adult S M L XL

Medication: \_\_\_\_\_ Dose / Time: \_\_\_\_ / \_\_\_\_

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. Allergies or Diet Restrictions: \_\_\_\_\_

Attending Camp Hope Week (s)

rate per week \$ 50

Check all that apply

\_\_\_\_ Week 1 July 18-22, 2022

\_\_\_\_ Week 2 July 25-29, 2022

Attending Before Camp (BC) and/or After Day (AD)

Before Camp & After Day  
are \$20 each per week

◇ Before Camp (BC) \_\_\_\_\_

◇ After Day (AD) \_\_\_\_\_

PIZZA — Wednesdays Only

Cost is \$5.00 for each week

\_\_ Week 1 \_\_ Week 2

Sibling Discount

If you are registering more than one child,  
you receive a \$5 sibling discount for each child.

Total \$\$ Due

50% NON-REFUNDABLE Deposit  
(Please attach payment to this form)

Balance Due  
(on the first Day of each camp week)

Scholarships available by request.

**Make Checks payable to ... Christ Lutheran Church**



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PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Do not leave any blanks empty—for your child's safety

CAMP HOPE MINISTRIES, INC

Name of Parents \_\_\_\_\_ Home# \_\_\_\_\_

Mom Work/Cell# \_\_\_\_\_ Dad Work/Cell# \_\_\_\_\_

Mom's email address \_\_\_\_\_ Dad's email address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Addresses / Names \_\_\_\_\_

Where do you worship? (Name of congregation, if any.) \_\_\_\_\_

Insurance Company (if none, please indicate as n/a) Policy# \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact if parent cannot be reached. Please list daytime or cell numbers.

Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship
_____	_____	_____

The child registered on this form has my permission to participate in Camp Hope Ministries during indicated sessions. I agree that \_Christ Lutheran Church, Camp Hope, LEAD and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself." I know that violation of this covenant can and will result in my child being removed from the program.

I do \_\_\_ do not \_\_\_ give permission for Christ Lutheran Church, Camp Hope Ministries, LEAD and or/ the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other mediarelated vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented.

Parent or Guardian Signature / Date