

CAMPER REGISTRATION FORM



CAMP HOPE MINISTRIES, INC

Camper's Name: _____ Gender: Male Female

Date of Birth: (mm/dd/yy) ____ / ____ / ____

Age / Grade Completed: ____ / ____

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 Dietary Restrictions: _____

T-Shirt Size
(please circle one)
Child **S M L**
Adult **S M L XL**

NOTES:

Early Bird Savings

\$10

If you register by:

May 31st

Invite your friends to camp!

Attending Camp Hope Week (s)

Check all that apply

Week 1 July 9-13

Week 2 July 16-20

Week 3 July 23-27

Rate per week \$ _____

Early Bird weekly rate

\$ _____

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

Before Camp (BC) _____

After Day (AD) _____

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

Hot Lunch — Wednesday Only

Menu: _____

Cost is \$ _____ for each week

Week 1 Week 2 Week 3

Family Discount:

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

Total Amount 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

Mailing Address:

86 Plantation Dr
Lake Jackson, TX
77566

Phone:

979-297-2013

Email:

CLCOffice
@sbcglobal.net

Website:

ChristLutheran-LJ.org



CAMPER REGISTRATION FORM

**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 _____

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

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

Dr.'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 _____ 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 _____ Lutheran Church, Camp Hope Ministries, LEAD and or/ the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related 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 _____