



# Camper Registration

Week 1 July 8-12  
 Week 2 July 15-19  
 Week 3 July 22-26

NAME (FIRST & LAST)	M /F	DOB	AGE & GRADE COMPLETED	T-SHIRT SIZE	HOME Congregation	MEDICATION (Please explain on back)	INSURANCE CO. NAME	POLICY #	INSURANCE PHONE #

COST	CAMP WEEKS		PIZZA LUNCH			BEFORE CAMP (BC)			AFTER DAY (AD)			3 WK DISCOUNT		EARLY BIRD DISCOUNT				
	1 <sup>ST</sup> Child		\$ 50 Wk			(\$5 each week)			(\$20 per week)			(\$20 per week)		(-\$10 total)		(-\$10 per week if registered before May 15th) Applies to 1st child only		
Child's 1st Name	Camp Weeks			Pizza Weeks			Cost A	Cost B	Weeks Needed			Cost C	Weeks Needed			Cost D	Cost F	Cost G
	1	2	3	1	2	3			1	2	3		1	2	3			
IE: Chris	✓	✓					\$140.00 ✓	\$10.00 ✓				\$40.00			N/A	N/A	-\$20.00	

	BALANCE	DEPOSIT	TOTAL DUE
	A+B+C+D-E-F-G =Cost H	½ Cost Due Now	Cost H-Deposit= New Balance
Child's 1st Name	Balance (Cost H)	Due Now	New Balance After Payment
<b>TOTAL</b>			

Make Checks payable to Christ Lutheran Church

**OVER**



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**PARENT/GUARDIAN NAMES:**

<b>Mom's Email:</b>	<b>Mom's Cell:</b>	<b>Emergency contact name /relation/phone #s</b>	<b>Doctor's name &amp; phone #</b>
<b>Dad's Email:</b>	<b>Dad's Cell:</b>		
	<b>Home:</b>		
	<b>Other:</b>		

The child registered on this form has my permission to participate in Camp Hope Ministries during indicated sessions. I agree that \_\_\_\_\_ Church, 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 media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented.

<b>Parent/ Guardian Signature:</b>	<b>Date:</b>

Please describe any medical conditions or medication needed by children with a short description/explanation. Use separate form for any medication needed while at camp.