

**Personal Information:**

Mom's name: \_\_\_\_\_ Cell/work #: \_\_\_\_\_  
Mom's Email Address: \_\_\_\_\_  
Dad's name: \_\_\_\_\_ Cell/work #: \_\_\_\_\_  
Dad's email address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Where do you worship? \_\_\_\_\_

**Medical Information:**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
List any Allergies: \_\_\_\_\_  
List any Medication: \_\_\_\_\_

List any medical issues we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need to take medication during the day? Yes / No  
If you mark **yes** please fill out Separate Medication form.

**Emergency Information:**

1<sup>st</sup> Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who can pick up child:

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 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

# Camp Hope Ministries Camper Registration Form



## Camper Information:

Camper Name: \_\_\_\_\_ Gender: Male / Female

DOB: (mm/dd/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_

Grade Completed: Pre-K Kinder 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

T-Shirt Size: Child S M L Adult S M L XL

## Camp Hope Registration:

Attending Camp Hope Week(s) \$50.00 per week

Week 1 – July 17 – 21, 2023 ----- \$ \_\_\_\_\_

Week 2 – July 24 – 28, 2023 ----- \$ \_\_\_\_\_

Attending Before Camp (BC) and/or After Day (AD) \$20.00 each week

Week 1 \_\_\_\_\_ Before Camp (BC) \_\_\_\_\_ After Day (AD) ----- \$ \_\_\_\_\_

Week 2 \_\_\_\_\_ Before Camp (BC) \_\_\_\_\_ After Day (AD) ----- \$ \_\_\_\_\_

Pizza Wednesday – We serve pizza every Wednesday - \$5.00 per week

Week 1 ----- \$ \_\_\_\_\_

Week 2 ----- \$ \_\_\_\_\_

Sibling Discount – If you are registering more than one child,

you will receive a \$5.00 Sibling discount for each child. ----- \$ \_\_\_\_\_

TOTAL DUE ----- \$ \_\_\_\_\_

**Make checks payable to: Christ Lutheran Church**