



School-Age Summer Camp Registration Form

Student Name _____ Age _____ School _____
Address _____ Zip _____
Parent's Phone _____ Parent's email _____
1st Parent/Guardian: _____ Cell Phone: _____
Place of Work: _____ Work Phone: _____
2nd Parent/Guardian: _____ Cell Phone: _____
Place of Work: _____ Work Phone: _____
Emergency Contact: _____ Relationship: _____
Telephone: _____ Cell Phone: _____
Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:



School-Age Summer Camp Parent Authorization Form

Please print all information clearly

Name of Camper: _____ Today's Date _____

Initial
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Trinity Lutheran Christian School(TLCS) does not discriminate on the basis of race, color, sex, handicap, religion or national origin. TLCS reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

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I give TLCS permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at TLCS and can be used for promotional purposes without notification.

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I give permission for TLCS to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

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I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

By signing below I agree to adhere to all the Policies and Procedures set forth by Trinity Lutheran Christian School.

Parent/Guardian's Signature: _____

Date: _____