

HOLY TRINITY LUTHERAN CHURCH—ADVENTURE BREAK CAMP
 739 W ERIE ST, CHANDLER, AZ 85225
 REGISTRATION AND MEDICAL RELEASE
 MUST BE COMPLETED BY PARENT/GUARDIAN – PLEASE PRINT

Student Information

Full Name		Birth Date (Month/Day/Birth Year):	
Street Address:			Apt No.
City:		Zip:	
School Attending:	Current Grade	Gender: M F	

Parent/Guardian Information #1

Full Name:		Relationship To Student:	
E-mail address (print carefully)		Does the student live with you?	
Cell Phone:	Work Phone and Hours you are at work:		
I would like to be a parent volunteer. YES NO			

Parent/Guardian Information #2 (If no second Parent/Guardian Write "None")

Full Name:		Relationship To Student:	
E-mail address (print carefully)		Does the student live with you?	
Cell Phone:	Work Phone and Hours you are at work:		
I would like to be a parent volunteer. YES NO			

Emergency Contact OTHER than parent or guardian (must be reachable during hours of ABC)

Full Name:		Relationship To Student:	
Home or Work Phone (Circle applicable phone):	Cell Phone:		
Who will drop off/pick up your child? _____			

(We will NOT release your child to anyone not listed.)			
Who CANNOT pick up your child? _____			

Important information about your child (Please respond to all 4 Questions – write NONE if none)

(1) Does your child have any activity restrictions:
(2) Does your child have any medical conditions of which we should be aware (asthma, diabetes, etc)
(3) Does Your child have any food allergies?
(4) Does your child take any medications that will need to be administered during Adventure Break Camp? If yes, please list medications, dosage, and times to be administered.

Consent and Release from Liability

I grant permission to Holy Trinity Lutheran Church and its agents and employees the unrestricted right to reproduce the photographs and/or video images taken of my child, for the purpose of publication, promotion, or advertising, in any manner or in any medium. I hereby release Holy Trinity Lutheran Church and its legal representatives for all claims and liability relating to said images or video.

I understand that no small electronic devices are allowed at Adventure Break Camp, including, but not limited to cell phones, tablets, video games, etc. Holy Trinity is not responsible for such items.

I understand that participation in this event is not without risk to me/my child because of the group nature of the activity/event and unpredictable behavior of any group, even when managed with the greatest amount of care.

I understand that all reasonable safety precautions will be taken at all times by Holy Trinity Lutheran Church and its agents during events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Trinity Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my youth. In addition, this health information is correct, as far as I know and the person named herein has my permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by Holy Trinity Lutheran Church to hospitalize, secure medical treatment, and/or order and injection, anesthesia, or surgery for my child as deemed necessary.

Participation Agreement

We have read, understand and agree to abide by all rules and restrictions of Adventure Break Camp. We also understand that failure to do so can result in dismissal from the center.

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____