

Shetek Lutheran Ministries Day Camp 2019

Camper Registration and Health Form

Camper's Name (First and Last): _____

Gender: _____ Age: _____ Birthdate: _____ Grade Entering in Fall 2019: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian Name(s): _____

Primary Phone Number: _____ Email: _____

Names of those picking up camper: _____

Church Name (if applicable): _____

In Case of Emergency

Emergency Contact (After Primary): _____

Relationship to camper: _____ Emergency Contact Phone: _____

Alternate contact: _____

Relationship to camper: _____ Emergency Contact Phone: _____

Family Physician: _____ Phone: _____

Indicate any special physical, dietary or emotional needs here: _____

Current Medications: _____

Authorization by Parent/Guardian: I hereby give my permission for my child to participate in Day Camp and activities planned by the SLM staff for the day camp program. Shetek Lutheran Ministries may use any pictures or videos that my child appears in for promotional purposes. I also authorize delivery of necessary emergency care by available medical personnel as needed.

Parent/ Guardian Signature: _____ Date: _____

**Shetek Lutheran Ministry requires a Registration/Health History form
for each Day Camp participant.*