



GLLM DAY CAMP REGISTRATION 2019

East & West Union Lutheran Churches

Hosted at: West Union 15820 Market Ave, Cologne MN 55322

952-466-5678 www.westunionlutheran.org

Name of Camper: _____ Date of Birth: ___/___/___

Gender: _____ Age: _____ Grade completed summer 2019: _____

Parent/Guardian(s): _____

Primary Address: _____ City, State, Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-mail: _____

PARENT OR GUARDIAN MUST AGREE AND SIGN: "I give permission for my child to attend the Green Lake Lutheran Ministries Day Camp program, taking part in the normal program activities. I also authorize the camp to secure a doctor to provide any necessary emergency medical care. I also give permission for the use of photographs, video, and electronic images including my child in camp promotion unless checked "opt out" on next line."

I opt out of pictures being posted on social media of child named on this form. _____

Parent/Guardian's Signature: _____

A fee of \$15/child or \$40/family is appreciated and should be included within your registration.

DAY CAMPER HEALTH FORM

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. *This form is required by Minnesota State Law.*

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to camper: _____

Allergies Food/Medications/insects/other:

Epi Pen needed? (GLLM does not provide EpiPens) Y / N

Dietary Restrictions:

Please list any routine medications camp staff will have to administer, including dosage and directions: (ON BACK)

Date of last Tetanus shot:

Camper up to date on immunizations? Y / N

Is there any other information that we should know about your camper in order to best serve him/her during the Day Camp week? (please use back of form if needed)



GATHERED, GROUNDED, GROWING & GIVING IN JESUS NAME

East & West Union Lutheran Church Accident Waiver and Release of Liability

The undersigned parent/legal guardian hereby gives permission to East & West Union Lutheran Church, for their child (insert child's name) _____ to take part in the following activity _____.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by East & West Union Lutheran Church, in my absence, I hereby grant East & West Union Lutheran Church authority to release my child for medical treatment to such medical personnel as determined appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless East & West Union Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by East & West Union Lutheran Church. Further, I agree to indemnify and hold harmless East & West Union Lutheran Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness or damage.

Please read carefully, this permission slip is a legal document which includes release of liability and indemnification.

Date

Signature of Parent or Legal Guardian