

2010 LUTHER PARK BIBLE CAMP REGISTRATION & HEALTH FORM

Completed form must be signed by parent/guardian and camper.
A \$200 deposit is REQUIRED for registration.

Camper Name _____ Age ____ Sex ____ Birthdate _____ Grade Completed ____ Email _____

Camp Date: 1st Choice _____ Cabinmate _____; Date for 1/2 off 2nd Week _____ Cabinmate _____

Registering for: Cabin Treehouse Canoe Double Week Leadership Training Leadership Mentoring
 TIM Team Grandparent/Grandchild Weekend Great Lakes Mission Trip

Congregation: _____ City _____ Amount paid by church _____

Transportation: (check one)

I will Provide my own transportation

Luther Park Bus Transportation (Available only the weeks of: July 11-16, July 18-23 & Aug. 1-6)

(\$80 roundtrip/\$60 one way; non-refundable) **check one if riding:** roundtrip one-way Note which way: _____

Elim Lutheran Church, 3978 W. Broadway, Robbinsdale House of Prayer, 7625 Chicago Ave. S., Richfield

Method of Payment: Check/Money Order: Make Payable to Luther Park. Amount: \$ _____

Visa ___/MC ___/Discover ___/AMEX ___ Acc't # _____ Exp ___ Signature _____

Custodial Parent(s) Guardian(s) _____ Home Phone (_____) _____

Address _____ City _____ State ___ Zip _____ Work Phone (_____) _____

Second Parent(s) Guardian(s) _____ Home Phone (_____) _____

Address _____ City _____ State ___ Zip _____ Work Phone (_____) _____

Parent Email _____ Emergency contact/phone: _____

INSURANCE INFORMATION:

(Please send copies of both sides of camper's insurance cards.)

Policy Holder _____ Employer _____ Birth date of Policy Holder _____

Insurance Co. _____ Insur. Co. Phone _____ Insur. Co. Address _____

Group No. _____ Policy/ID No. _____ Family Doctor/Phone _____

Immunization Dates: ___ DPT Permanent Shots ___ Polio Immunization ___ Tetanus Booster ___ MMR ___ Tuberculin

Conditions: Asthma ___ Epilepsy ___ Diabetes ___ Heart Trouble ___ Other _____

Allergies: Insect Stings ___ Hay Fever ___ Penicillin ___ Other Drugs _____ Other _____

___ This person takes NO medications on a routine basis. ___ This person takes medication as follows: _____

Special Needs Campers: (dietary, health restrictions, mobility limitations, diabetes, seizures, etc.) please list: _____

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I understand that unless I provide separate written notice, photos taken of my child at camp may be used for camp-approved publications. My child and I have read the Luther Park Code of Conduct and agree to follow it. Inability to follow the Code of Conduct gives Luther park the right to send the camper home without refund at the expense of the camper's parent/guardian.

Signed: Parent _____ Camper _____ Date _____