

2012 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 8-13, July 15-20 & July 29-Aug.3)
(\$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 _____