

2017 Luther Park Bible Camp Registration and Health Form

Registration Form must be signed by Parent/Guardian and Camper

Camper Name _____ Age _____ Sex _____ Birth date _____ Grade Completed _____ Email _____

Camp Date: _____ Cabin mate _____ ; Date for 1/2 off 2nd Week _____ Cabin mate _____

Registering for: 3-Night Snooper Camp Cabin Camp Treehouse Village Canoe Trip
 Leadership Training Intensive Great Lakes Mission Trip

Congregation: _____ City _____ Amount paid by church _____

Method of Payment: Check/Money Order: Make Payable to *Luther Park* Amount: \$ _____
 Visa Master Card AMEX Acct. # _____ Exp. _____
CSC #(3 or 4 digit number on card) _____ 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. _____ Ins. Co. Phone _____ Ins. 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/Guardian _____ Camper _____ Date _____

**Need more information visit www.lutherpark.com or www.facebook.com/lutherparkbiblecamp
Questions, call 715-656-7244 or email camp@lutherpark.com**