

## 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](http://www.lutherpark.com) or [www.facebook.com/lutherparkbiblecamp](http://www.facebook.com/lutherparkbiblecamp)  
Questions, call 715-656-7244 or email [camp@lutherpark.com](mailto:camp@lutherpark.com)**