

CAMP MOUNT LUTHER REGISTRATION/HEALTH FORM 2018

Cost is \$50 per camper (\$25 for additional siblings). Please submit payment via check made out to Bethlehem Lutheran Church with "VBS" in the Memo line to BLC's office. Contact Katie at katie.kreutter@blcfairport.org or 585-223-0634 with any questions.

Camper Last Name:	First:	Age:	Birth Date:	2017-18 Grade:
Home Address:	City/State/Zip:	T-Shirt Size (S, M, or L):	E-Mail:	Gender:
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	
Parent Name:	Preferred Phone:	Alternate Phone:	E-Mail:	

HEALTH INFORMATION

Restrictions while at camp:

Food Allergies and Diet Restrictions:

Other Allergies (including medications, plants, and insects):

Check here to indicate that the camper's immunizations required for school are up to date. (Can attach a list)

***List here the date (month/year) of last tetanus shot:

INSURANCE INFORMATION

Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate phone number to call:
Medical Insurance Carrier/Plan Name & Group Number:	Insurance ID Number:
Guardian Name on Policy:	

EMERGENCY CONTACT

Name of friend or relative (not living at same address):	Relationship:	Preferred Phone:	Alternate Phone:
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CONSENT AND RELEASE PERMISSION

"Camp" refers to personnel at congregation and/or the Camp Mount Luther staff.

1. I hereby give consent for camp personnel to give over-the-counter medications should it be necessary. I understand that Camp Mount Luther and its employees are not responsible for untoward effects of nonprescription medications.
2. I give the camp permission to dispense my child's prescription medication as listed.
3. I agree that if immediate care is deemed necessary, and I was not able to be contacted, I give camp personnel the authority to act in my absence. I hereby agree to indemnify and hold harmless from any expense or claims of any nature Bethlehem Lutheran Church and its representatives. I understand that I am responsible for any charges that may be incurred.
4. I hereby give permission to my child(ren) to participate in the programs and activities of Day Camp. In the event walks in the Village of Fairport are planned away from the church (ex. Potter Park) as part of the program under the direction of the camp administration, my child has my permission to participate in such activities.
5. Any photos or video recordings taken in which my child appears may be used for promotion of camp and its related entities free of any claims.
6. This completed form may be photocopied for trips out of camp.

Signature (of parent / guardian if under 18):

Date:

X