



# Bethel + Faith Day Camp!

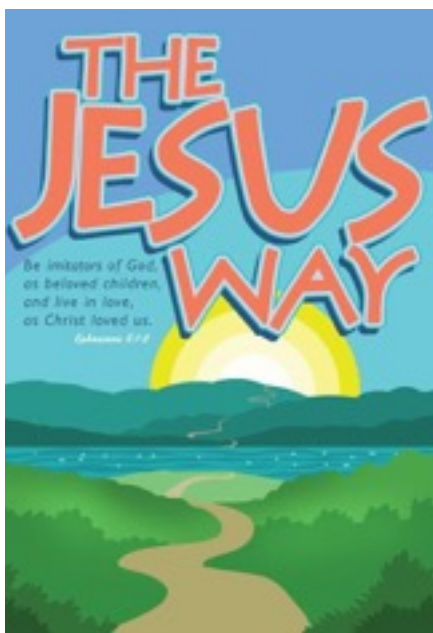
## June 20-24, 2016



Please fill out the attached registration form and return to the church office by **May 20.**

This year camp is for children in Kindergarten through 8th Grade (sadly, we cannot provide camp for Pre-K this year).

\$50/camper, contact the church office (941-924-4664) for scholarship information.



# Bethel + Faith Day Camp

June 20 – 24, 2016 • 9 am – 3 pm

**Campers must be currently in Kindergarten — 8th Grade\***

## DAY CAMP REGISTRATION & HEALTH HISTORY FORM

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Faith Lutheran Church and Bethel CME Church partner with Luther Springs Camp to bring Day Camp to Faith. Please return this form, along with the registration fee of **\$50 per camper** to your church office. Checks may be made to Faith Lutheran Church, with "Day Camp" on the memo line. For scholarship information, contact Faith's office at: 941-924-4664. We want to provide your child with the best possible week at camp including spiritual, physical, and social growth. You can help by carefully filling out this form. Please note that by filling out and signing this form, you also give permission for your children to be photographed and to leave the Faith Lutheran campus with Luther Springs staff, in order to participate in field trip(s) during the camp week, June 20-24, 2016.

**Full Name of Camper** \_\_\_\_\_

Last

First

MI

**Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ (Camp is for children currently in grades K-8)

☐ Male ☐ Female **T-shirt size** ☐ Youth ☐ Adult Size \_\_\_\_\_

Camper's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (s) of Parent (s) or Guardian \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

If I cannot be reached in an emergency call: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### HEALTH INSURANCE INFORMATION:

LUTHER SPRINGS and the local congregation have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier name \_\_\_\_\_

Carrier Address \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Holder's Social Security (last 4 digits) # \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

### Medical Release and Authorization For Treatment

This day camp is a partnership between Luther Springs Lutheran Outdoor Ministries (LUTHER SPRINGS) and the local congregation listed above. The undersigned, as parent/legal guardian of the camper, authorizes LUTHER SPRINGS and the local congregation, its delegated leaders, directors, and medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Day Camp leaders will endeavor, but are not required, to communicate with me prior to treatment. The undersigned releases LUTHER SPRINGS and the local congregation, and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off site.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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\*Unfortunately, we are unable to offer a class for Preschool children this year.

Describe any current physical, mental or psychological health conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

\_\_\_\_\_

Activities from which the camper should be exempted for health or other reasons: \_\_\_\_\_

\_\_\_\_\_

Does camper know how to swim? ☐Yes ☐No ☐Somewhat

**Allergies:** Please list any allergies (food, medicine, insect stings, etc.): \_\_\_\_\_

\_\_\_\_\_

**Asthma:** ☐ Severe ☐ Moderate ☐ Mild Triggers? \_\_\_\_\_

**Nutritional/dietary restrictions:** \_\_\_\_\_

Diabetic? ☐No ☐Yes Vegetarian? ☐No ☐Yes

**CAMPER MEDICATIONS:**

A first-aid kit will be present at all times. It contains the following medications: Tylenol, Motrin, Cold Medication and Antacids/Antidiarrheals. **May your child receive these medications if needed?**

☐Yes ☐No Comments: \_\_\_\_\_

**IF YOUR CHILD NEEDS TO BRING ANY MEDICATION TO BE TAKEN DURING DAY CAMP HOURS PLEASE FILL OUT THE INFORMATION BELOW.**

All medications (including aspirin, vitamins) must be checked in with the local coordinator upon arrival.

I give my permission for the Local Coordinator or designated church volunteer to keep and administer the following medications:

Name of Med. \_\_\_\_\_ Dosage \_\_\_\_\_ How often? \_\_\_\_\_

Name of Med. \_\_\_\_\_ Dosage \_\_\_\_\_ How often? \_\_\_\_\_

Any special information concerning this medication? \_\_\_\_\_

\_\_\_\_\_  
**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERSONAL INFORMATION:**

Please share any information that will help us give your camper the best experience possible.

Has anything happened recently in your family or with friends that may affect your child's behavior while at camp? Any emotional upsets? \_\_\_\_\_

\_\_\_\_\_

Is your child apprehensive about anything at camp? \_\_\_\_\_

\_\_\_\_\_

Any other suggestions or special information for the counselor? \_\_\_\_\_

\_\_\_\_\_