



REGISTRATION FORM - PLEASE PRINT:

Camper's Name _____

Age _____ Grade Completed, Spring 2025 _____

Birthdate: _____ Male Female T-shirt size _____

Address _____

City _____ Zip _____

Parent/Guardian Name

Phone (_____) _____

E-Mail Address _____

Home Church _____

City _____

Please return these forms electronically or by mail to Emmanuel Lutheran Church, Summer Day Camp, 790 Tamiami Trail S, Venice, FL 34285.

SIGNED: _____ DATE: _____

PERMISSION SLIP

I, _____, hereby give permission for my child/children _____
(parent or guardian)
to leave the Emmanuel Lutheran Church campus/grounds with camp counselors on the following
planned field trips during the week of Day Camp, June 23-27, 2024.

List of specific locations.

Chuck Reiter Field
250 Fort Street
Venice, FL 34285

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*

DATE

PHOTOGRAPH PERMISSION

I hereby allow my child to be photographed for possible inclusion in Emmanuel
Lutheran Church and Luther Springs/NovusWay publications, website and social media.

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*

DATE

***Signature of Custodial Parent or Guardian Required**

DAY CAMP HEALTH HISTORY FORM

This Day Camp is a partnership between Luther Springs and your local congregation (above). 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. Health forms must be turned into the Day Camp coordinator no later than the first morning of the Day Camp. **Each camper must have a completed health form on file or WILL NOT be admitted to Day Camp.**

Camp Fees are \$60 for the first child and \$50 for any other children in the same family.
Please pay by check made out to "Emmanuel Lutheran Church" memo line "Day Camp" or electronically using the link <https://secure.myvanco.com/L-YRCB/campaign/C-ZD1N>

PLEASE PRINT

Full Name of Camper _____
Age _____ Last _____ First _____ MI _____
Birth date _____ Male Fema _____

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 # _____ Policy Holder's Birthdate _____

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.

Signature: _____ Date: _____

CAMPER HEALTH HISTORY CONTINUED

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 and 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? _____

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? _____
