

## CAMPER REGISTRATION

### CAMPER

Name: \_\_\_\_\_  
Last Grade Completed (Please select one): K  1  2  3  4  5  6  7  8  
Date of Birth: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Shirt Size: Youth: S  M  L  Adult: S  M  L  XL

### PARENT/GUARDIAN

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

### HEALTH INFORMATION

Health Insurance Provider (if applicable): \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Allergies: (food, drugs, insects, etc.) \_\_\_\_\_

### PERSON(S) OTHER THAN PARENT/GUARDIAN LISTED

ABOVE AUTHORIZED TO PICK UP YOUR CHILD(REN)  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Campership Opportunity

St. Martin's believes that no one should be denied the opportunity to participate in our programs and events because of financial constraints. As such, we are happy to offer a limited number of camperships for our participants and their families who could greatly benefit from it.

I am requesting a campership for my child(ren).  
The amount I am able to pay is \$ \_\_\_\_\_.  
I am requesting \$ \_\_\_\_\_ as a campership.

## RELEASE and AGREEMENT

Working together, St. Martin's Lutheran Church and Lutherhill Ministries have organized a safe and secure environment for my child. I, \_\_\_\_\_, understand that Lutherhill Day Camp Staff and Volunteers have made arrangements to maintain proper safety standards for my child to participate in the week's activities.

As such, I will not hold St. Martin's Lutheran Church, or Lutherhill Ministries and their staff and trained volunteers responsible for accidents, claims, and damages arising from my child's participation in camp activities. I give Staff/Volunteers associated with the Lutherhill Day Camp permission to administer first aid, as well as make judgment upon the necessity of a hospital visit, if such a situation arises. By signing, I agree to this release of liability.

Print Name: \_\_\_\_\_  
(Parent/Guardian)

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Enclosed with this form I have submitted \$ \_\_\_\_\_.

Please make checks payable to St. Martin's Lutheran Church.

Please check method of payment:

cash  check (check number \_\_\_\_\_)



1123 Burney Road

Sugar Land, TX 77498

Phone: 281-980-0695

Office Hours: Tues-Thurs 8:30 am- 2:00 pm

**PLEASE RETURN TO CHURCH OFFICE WITH PAYMENT**