

***LUTHER CREST DAY CAMP REGISTRATION FORM***

CAMPER NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

GRADE JUST **COMPLETED BY CAMPER** (circle one)      K    1    2    3    4    5    6

**I GIVE MY PERMISSION FOR MY CHILD TO ATTEND LUTHER CREST DAY CAMP, to take part in the normal activities, and I authorize the camp doctor to provide any necessary emergency medical care. I understand Luther Crest assumes secondary insurance coverage; the camper's family assumes primary coverage. I also give Luther Crest permission to use any photograph of my child taken at camp in future promotion of Luther Crest.**

\_\_\_\_\_  
Parent's Signature

- \_\_\_\_\_ I would like to be a Day Camp Volunteer.
- \_\_\_\_\_ I would like to bring an extra lunch for a counselor.
- \_\_\_\_\_ I would like to have the Luther Crest Day Camp Team at my home for supper.
- \_\_\_\_\_ I would like to have the Luther Crest Day Camp team stay at my home.