

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 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.

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