

Immanuel Lutheran Church EWALU Day Camp Registration Form
June 24-28 for children K-5 in 2018/2019 school year
M-TH 9am-3pm Fri 9am-12pm

Campers Name:	Sex:	Age:	Grade (completed in June 2019):
Name of Parent or Guardian:		Phone 1:	Phone 2:
Address:			
Name of Doctor/Health Care Provider:			Phone 1:
Health Information:			
Immunizations:	DTP (Series of 3):		
	Polio:		
	Date of last Tetanus:		
Any other Important Contact or Medical Information:			

- Skin Diseases: Yes/No, if yes, please explain:

- Allergies: Food, Drugs, Hay fever: Yes/No, if yes, please explain:

- Medication: List name(s) and dosage(s):

- List any illness, chronic condition, or physical consideration the child has that may affect participation or safety:

- Other suggestions that may help us to make your camper's week more enjoyable (fears, anxieties, etc.):

___ I would like to be a Day Camp Volunteer.
 ___ I could help with snack and/or prepare sack lunches/meals for the EWALU Day Camp Staff.
 ___ I would like to house a person from the EWALU camp staff for the week. Male or female preference? _____
 ___ I would like information about Immanuel Lutheran Church

In case of Emergency please contact:

Name	Phone	Relationship
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Name	Phone	Relationship
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I authorize the following people to pick up my child from Day Camp. If there are any changes in these arrangements, I will give advance written notice. (Note: if there are any special instructions, or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name	Phone	Relationship
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Name	Phone	Relationship
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RELEASE: I give permission for my child to participate in all programs for the week and agree that Immanuel Lutheran Church and the camp as well as staff and volunteers from these organizations will not be held responsible for accidents or personal injury arising there from. I authorize the adult leaders from the Immanuel Lutheran church and the EWALU staff to secure any medical or emergency treatment deemed necessary for my child. As my child's parent or guardian I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo to be used in any promotional materials by the camp and the Immanuel Lutheran.

Signature of Parent/Guardian

Payment: \$50 per camper for early registration by Friday, May 31st or \$75 per camper if registered June 1st or later

Cash or Check made payable to Immanuel Lutheran Church

PAID CASH **PAID CHECK**