

Lutheran Lakeside Camp Retreat Registration Form

(Please use dark ink. For Family Camp, please complete a registration form for each family member.)

Name (in ink) _____ Birthdate ___/___/___ Sex: M/F Grade Completing ___

Address _____ City _____ State ___ Zip _____

Parent/Guardian Name _____ Choice of one cabin mate _____

Home Phone (____) _____ Work Phone (____) _____ Other Phone (____) _____

Emergency Name _____ Emergency Phone (____) _____

Email _____ Home Church _____ Church Town _____

Program I am registering for _____ Camp Date ___/___/___

Allergies: _____

Diet/Nutritional Needs: _____

Restrictions: _____

Medical Insurance Information

If this Camper is covered by family medical/hospital insurance please share that information.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

This camper is not covered by family medical/hospital insurance. I/we will cover the cost of health care for my child should the need arise while my child is attending camp _____ (Parent/Guardian Signature)

Credit Card Payment: ___ Visa, ___ Mastercard; Card # _____ Expiration Date _____

Dollar Amount (i.e. \$25 deposit or full fee) _____ Cardholder's Signature _____

Deposits are non-refundable.

I agree that the camp and its staff will not be held responsible for accidents or personal injury arising there from. I also give permission for any photograph taken of my child to be used for camp promotional purposes for Lutheran Lakeside Camp and ELCA Outdoor Ministries.

ALSO

Parent/Guardian Authorization For Health Care

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial
Parent/Guardian _____

Date _____

Relationship
to Camper _____