

First Lutheran Church

Family Camp 2024 Dakota Boys and Girls Ranch

Parents/guardians Name: _____

Address: _____ City _____ St. _____ Zip _____

Telephone: _____ Cell: _____

Email: _____ (to send correspondence to)

Registering for: **First Lutheran Servant Event to Fargo, ND** Dates: August 11-15, 2024.
 Rate *\$300.00 per person (adults and children). Scholarships are available. Checks made to: First Lutheran Youth

Adults Name(s) Attending: _____ \$_____

Child Name: _____ Age _____ Grade completed _____ T-shirt size _____ \$_____

Child Name: _____ Age _____ Grade completed _____ T-shirt size _____ \$_____

Child Name: _____ Age _____ Grade completed _____ T-shirt size _____ \$_____

Child Name: _____ Age _____ Grade completed _____ T-shirt size _____ \$_____

Child Name: _____ Age _____ Grade completed _____ T-shirt size _____ \$_____

Total Cost: \$_____

Please provide the registration form, copies of everyone's insurance card(s), Insurance information form, Health and release form, and consent to authorize treatment form.

Adult Leader Information, please keep during our stay.
 Jessica Pellinen 218-244-5365

Office use only	
Pd in full _____	Paid by _____
Insurance card on file	Yes No
Health release on file	Yes No
Health form on file	Yes No
Treatment consent on file	Yes No

- Cost will depend on how many are attending.

2024 HEALTH AND RELEASE FORM

Must be completed by parents or guardians of participants under 18 years old.

Name _____ Birth Date ___/___/___ Age: _____

Name _____ Birth Date ___/___/___ Age: _____

Name _____ Birth Date ___/___/___ Age: _____

Name _____ Birth Date ___/___/___ Age: _____

Name _____ Birth Date ___/___/___ Age: _____

Address _____ City _____ St _____ Zip _____

Home Phone: _____ Cell Phone _____ Work Phone _____

PARTICIPATION IN ACTIVITIES

I hereby give permission to actively participate (myself or my minor child) in the activities and events of First Evangelical Lutheran to Dakota Boys and Girls Ranch, both on the ranch property and any offsite location, including waterfront activities and all other activities. I also understand that I or my child will be expected to participate in all spiritual activities including Bible Study and devotions. I hereby release and forever discharge First Evangelical Lutheran Church, Dakota Boys and Girls Ranch, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during participation in programs, activities or events held by First Evangelical Lutheran Church.

Initial _____

PUBLICITY RELEASE

I hereby give permission and consent to allow photographs or videos of me (or my minor child) to be taken during participation in First Evangelical Lutheran programs, activities and events and understand that they may be used for promotion, social media, videos, and other permitted uses.

Initial _____

EMERGENCY CONTACT INFORMATION

Name of Custodial Parent or Guardian: _____

Home Phone: _____

Address (if different than above): _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Cell: _____

Second Emergency Contact (Different from above): _____

Primary Phone: _____ Secondary phone: _____

Please indicate if cell, home, or work

Relationship to Camper: _____

CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I (or the above named minor) may be given non-prescription medications to treat the common conditions for which they are indicated, except as noted below: _____

INSURANCE INFORMATION (if different id's for each child, attach an additional sheet)

Medical Insurance Company: _____ ID Number: _____

Name of Insured: _____ Relationship to Camper: _____

Dental Insurance Company: _____ ID Number: _____

Name of Doctor: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

CURRENT MEDICATIONS

Bring enough for the entire period in original packaging with complete instructions. Talk with onsite staff and volunteers about the medication and how/when it will be administered. All medication will be kept with the onsite staff.

KNOWN ALLERGIES AND/OR DIETARY RESTRICTIONS

BEHAVIOR, PHYSICAL, MENTAL HEALTH

Please list any information about participant's behavior, physical and/or mental health about which our staff should be aware. _____

Anything else staff and volunteers should be aware of _____

CONSENT TO AUTHORIZE TREATMENT

In the event of an injury, the parent/guardian will be notified immediately of the injury. In case we need to take your son/daughter to the emergency room or dentist we will need your consent to do so.

(I/ we), parent(s) and/or natural guardian(s) of the camper, a minor, do hereby authorize staff/ volunteer, a member of First Evangelical Lutheran Church: (i) consent to medical, surgical and dental care for such minor child; (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child; and (iii) on (my) (our) behalf, to: (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child; (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but it is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO AUTHORIZE TREATMENT knowingly, freely, and willingly. This authorization shall continue from date of signature for such time as my above-mentioned minor child is participating in any programs, activities or events conducted and/or sponsored by First Evangelical Lutheran Church, both on the Dakota Boys and Girls Ranch premises and during travel to and from any off-site locations for such programs, activities, or events, during the year of 2024. I (We), the undersigned, hereby acknowledge that I (we) have read and understand the foregoing Authorization and Release Form and have signed the same as my own free act and deed.

Parents/Guardian Signature/ Date

Parents/Guardian Signature/ Date