



LutherHill | Galveston Community at First Lutheran

Day Camp Registration Form

Camper Name _____

Date of Birth _____ Gender _____

School Grade Completed _____

Parent / Guardian Name(s) _____

Address _____

City, State, Zip _____ Phone _____

E-mail(s) _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Special interests or hobbies _____

Any restrictions to physical activities _____

Any allergies (food, drugs, insects, etc.) _____

List any people and their phone numbers who may pick up your child from Day Camp

Emergency Release

I will not hold Lutherhill Ministries or _____ Church and their staff responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries and _____ permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

Parent/Guardian Signature

Date

Please note: Your child should wear play clothes, closed-toe shoes, and bring a sack lunch each day.