

# Kantorei Kamp 2017

## Registration Form

Hope Ev. Lutheran Church | Saint Louis, Missouri

June 19-23 | 8:00 am – 4:00 pm

June 25 | 8:15 – 10:30 am

\_\_\_\_\_  
Chorister's Name

\_\_\_\_\_  
Age

T-shirt Size (circle one)

\_\_\_\_\_  
Grade in 2017-18 School Year

Youth S Youth M Youth L

Adult S Adult M Adult L Adult XL Adult XXL

\_\_\_\_\_  
Guardian Name(s)

\_\_\_\_\_  
Best Guardian Phone Number

\_\_\_\_\_  
Best Guardian Email Address

\_\_\_\_\_  
Guardian Relationship

\_\_\_\_\_  
Emergency Contact/Relationship (other than parent)

\_\_\_\_\_  
Emergency Phone Number

Would chorister be available to participate in worship at Hope Ev Lutheran Church on Sunday, June 25, 2017?  
Yes / No

### PERMISSION FOR PARTICIPATION

I hereby grant permission for my child to participate in Kantorei Kamp 2017, including rehearsals, classes, and other activities at Hope Ev Lutheran Church and scheduled activities off campus. I understand that this indicates that my child will be under the supervision of Hope Ev Lutheran Church staff and volunteers and/or parent volunteers throughout the camp.

\_\_\_\_\_  
Parent signature granting permission for participation

\_\_\_\_\_  
Date

I could serve as chaperon/provide transportation for off campus events. Yes No

Possible Day/Time: \_\_\_\_\_

Please complete reverse side

*Psallam spiritu et mente*

I will sing with the Spirit and with understanding.

1 Corinthians 14:15

## MEDICAL INFORMATION

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Pediatrician/Doctor

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Office Phone Number

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Dentist

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Office Phone Number

Please list any prescription medication with dosage you anticipate your child taking during Kantorei Kamp.

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Please indicate if the following over the counter medications can be given to your child while attending Kantorei Kamp. Medication will be administered according to directions provided on the package. Please place a YES or NO in the blanks.

\_\_\_\_\_ Tylenol/Children's Tylenol for headache

\_\_\_\_\_ Sunscreen to prevent sunburn

\_\_\_\_\_ Tums/Pepto Bismol for upset stomach

\_\_\_\_\_ Aloe for sunburn

Please use the space below to provide additional information on medications that can or need to be administered while your child is at Kantorei Kamp. Please be sure to provide information on drug sensitivities or allergies and food allergies.

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### CONSENT FOR MEDICAL CARE

I hereby give my authorization and consent for the rendering to my child, by licensed physician(s), of such medical services and treatment as may become necessary or advisable during my child's participation in Kantorei Kamp 2017, regardless of whether such treatment or service becomes necessary by emergency, unanticipated conditions, or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of licensed physicians.

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Parent signature indicating authorization for medical care

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Date

*Registration due by Sunday, May 21, 2017*