

2012 Faith Lutheran Church PRE-CAMP Registration Form

(Please print clearly in ink and use a separate form for each camper)

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This form must be filled out by the parents or guardians of minors or by adults themselves. An update is required annually.

Camper's Name: _____ **Birth Date:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Gender: **M** **F** **Age:** _____

Parent or Guardian's Name(s): _____

Contact Phone Numbers: Home # _____ Cell # _____

 Work # _____ Alt. # _____

Home address (if different from camper's): _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Do you attend a church? **YES** **NO** If so, where: _____

Emergency Contact (other than parent): _____

Contact Phone Numbers: Home # _____ Cell # _____

 Work # _____ Alt. # _____

Relationship to camper: _____

Any medical needs or allergies:

Parent / Guardian Authorization:

I give Faith Lutheran Church permission to use photography or video of myself or my child taken at day camp in the future promotion of Faith Lutheran Church

Signature of parent / guardian or adult camper: _____ **Date:** _____