

2021 Faith Lutheran Church Day Camp Registration Form

Camper Name _____

Home Address _____

City _____ State _____

Does the camper attend church? Y / N

If so, where? _____

Birth Date (MM/DD/YYYY) ____/____/____ M / F

Age _____ Current Grade (grade child will enter in the Fall) _____

Parent/Guardian Name(s) _____

Best phone number to reach you at during the day _____ cell / home / work

Alternate number _____ cell / home / work

Home address (if different from camper) _____

Email _____

Emergency Contact Name _____

Phone _____ Relationship to Camper _____

I give permission for my child to participate in day camp at Faith Lutheran Church - Meadow Vista in 2021.

Parent/Guardian Signature _____ Date _____

Your host congregation (Faith Lutheran Church) will be taking pictures and/or video throughout the week to be used internally. By signing below, you give that entity permission to use photographs/videos of you/your child taken during day camp to be used in future reporting, on the website, and other promotional materials. If published/posted online, full names will not be used in conjunction with the pictures.

Signature of parent/guardian or adult participant _____

Date _____