

# TLC DAY CAMP 2018

## FOR STUDENTS WHO HAVE COMPLETED GRADES K – 5

**DATE AND TIME:** July 9-12, 2018 (Monday-Thursday), 1- 4:30 p.m.

**WHERE:** Trinity Lutheran Church, Waupaca

**COST:** \$10 per student or \$20 per family (Thrivent Financial Action Team funds helps purchase snacks and supplies.)



Cut on dotted line and return form to office

*TLC DAY CAMP 2018 REGISTRATION FORM (COMPLETED GRADES K – 5)*

Please return to the church office by **July 2, 2018** with fee.

Checks made out to **Trinity Lutheran Church.**

Please fill out a registration form for **EACH** student attending Day Camp.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Age:** \_\_\_\_ **Sex** \_\_\_\_ **Just completed** \_\_\_\_ **grade.**

**Parent/Guardian Name:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Medications, allergies, special dietary needs:**

\_\_\_\_\_  
*Please attach medical history we should be aware of to best serve your child's needs (i.e.: allergies, reactions to bee stings, etc.)*

Parent/guardian(s):

\_\_\_\_\_ **My camper will need transportation from the WLC after the summer school program.**

\_\_\_\_\_ I am interested in being a Day Camp volunteer.

\_\_\_\_\_ I am interested in sponsoring another child who can't afford Day Camp.

\_\_\_\_\_ I am interested in donating supplies for Day Camp (i.e. arts & crafts, food, etc.).

### **PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING.**

- I give permission for my child to participate in Day Camp programs and activities.
- I give permission for photos/videos/slides of my family members to be used for publicity/newsletter.
- I give permission for my child to travel off the Day Camp site if going to a nearby park or nursing home. Any other trips will need a specific request form.
- I hereby give permission to the medical personnel selected by Trinity to order x-rays, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Trinity to secure and administer treatment, including hospitalization, for my child as named on this form.

I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Trinity Lutheran Church for injury, loss or damage arising out of my or my family's use of or presence upon the activity/event fore-mentioned, whether caused by myself, my family, Trinity Lutheran Church or other third parties.

**Signature and Date**

(Parent/Guardian): \_\_\_\_\_ **OVER** → → →

**TLC DAY CAMP 2018**  
**WHO'S PICKING UP YOUR CAMPER?**  
**DEPARTURE AUTHORIZATION FORM**

Trinity requires that each youth camper, including campers who walk themselves to camp, must have a complete Departure Authorization Form on file and signed by a parent/guardian.

Camper(s) will only be released to the person(s) listed on this form.

Camper Name: \_\_\_\_\_

is authorized to be picked up from Trinity Lutheran Church by the following individuals:

Name	Relationship to Camper
Phone Number _____	

Name	Relationship to Camper
Phone Number _____	

Name	Relationship to Camper
Phone Number _____	

Name	Relationship to Camper
Phone Number _____	

\_\_\_\_\_ I give permission for my child to walk to and back home from Trinity.

**Cell Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_