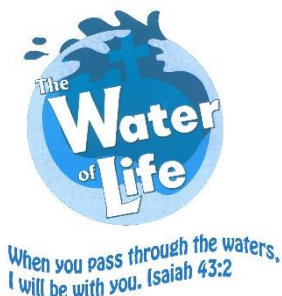


# CROSSWAYS DAY CAMP 2017

## FOR STUDENTS WHO HAVE COMPLETED GRADES K - 6

Daily Themes: From the Deep, In the River, At the Well, In the Pool, By Still Water



- DATE:** July 10-14, 2017 (Monday-Friday)  
**TIME:** Monday - Thursday: 9:00 - 3:00 p.m. Friday 9-noon  
**WHERE:** Trinity Lutheran Church, Waupaca  
**COST:** \$30 per student or \$50 per family [non-refundable]  
(Actual cost per student is \$54 - Trinity will pay the rest.)  
**BRING:** A sack lunch each day

Thrivent Financial Action Team is providing funding to help purchase supplies.

### CROSSWAYS DAY CAMP 2017 REGISTRATION FORM (COMPLETED GRADES K - 6)

Please return to the Trinity Church office with fee by **July 1, 2017**

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 any medical history we should be aware of to best serve your child's needs (i.e.: allergies, particularly to bee stings, etc.)*

- Parents:** \_\_\_\_\_ I am interested in being a Day Camp volunteer.  
\_\_\_\_\_ I am interested in having some of the Crossways Day Camp Team stay at my home.  
\_\_\_\_\_ I am interested in having the Crossways Day Camp Team at my home for dinner.  
\_\_\_\_\_ 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 in camp literature and presentations.
- 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 the Day Camp Coordinator and/or Congregational Coordinator 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 the Day Camp Coordinator and/or Congregational Coordinator 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):



# DAY CAMP

CROSSWAYS CAMPING MINISTRIES

## 2017 CAMPER DEPARTURE AUTHORIZATION FORM

Crossways requires that each youth camper, including campers who drive themselves to camp, must have a complete Camper 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 _____	

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

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

**Parent/Guardian Signature:**

\_\_\_\_\_

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