



Sponsored by: First Lutheran Church Bothell and Lutherhaven Ministries

Day Camp Dates: Monday, July 29 - Thursday, August 1, 2019

First and Last Name of Camper you're signing up: \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐Female ☐Male ☐\*Non-Binary

First and Last Name of 2<sup>nd</sup> Camper you're signing up: \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐Female ☐Male ☐\*Non-Binary

First and Last Name of 3<sup>rd</sup> Camper you're signing up: \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐Female ☐Male ☐\*Non-Binary

Camper's Home Congregation: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (\*Optional)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

[illegible]

**Second Parent/Guardian:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

[illegible]

**Additional Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_



# Lutherhaven Ministries Day Camp 2019

Costs:	VBS (3 year olds - Kindergarten)	\$30.00	9 AM - 12 PM
	Day Camp (Grades 1 - 5)	\$45.00	9 AM - 3 PM (includes lunch)

Scholarships are available. (Donations of financial support are also accepted. Can you help?)

Please make checks payable to First Lutheran Church.

## Permission and Liability Release

### Parent/Guardian Authorizations & Liability Release:

I have requested that Lutherhaven Ministries and First Lutheran Church Bothell enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries and First Lutheran Church Bothell at one of its camps or sites. As a condition of participating or allowing my child to participate in this camp, program or activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

#### **Known & Unknown Risks**

I understand that my child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks – some of which are unknown – which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

#### **Medical Release**

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lutherhaven Ministries and First Lutheran Church to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

#### **Publicity Release**

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by Lutherhaven Ministries and First Lutheran Church Bothell for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Lutherhaven Ministries Day Camp 2019

Does your camper ('s) have any life threatening or severe health-threatening allergies that require an epi-pen or emergency medical services? If so, please list: (Please specify which camper if signing up multiple campers).

**Additional Emergency and Health Information:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

<b>Release of Camper ('s) to Non-Parent or Guardian</b>
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Please fill out this section of the form if someone other than the custodial parent or guardian is to be picking the child/children up at the end of the camp day.

Camper ('s) Name: \_\_\_\_\_

Name of person(s) picking up the camper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

List day(s) to be picked up: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please contact:

Roger Steinke,  
Director of REACH Ministries

425-486-2314 (Church Phone)

Or email Roger at: [rsteinke@flcbothell.org](mailto:rsteinke@flcbothell.org)

**First Lutheran Church    10207 NE 183<sup>rd</sup> Street    Bothell, WA    98011**