



Lutherhaven Ministries Day Camp - Summer 2016

Medical Information:

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies _____

Food Allergies _____

Date of last Tetanus shot ____/____/____

Medication(s) currently being taken _____

Family Physician _____ Phone (____) _____

Medical Insurance Company _____

Insurance ID number _____

Description of any limitations or restrictions on camp activities _____

Permission and Liability Release

Parent/Guardian Authorizations & Liability Release:

I have requested that Lutherhaven Ministries & 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 & 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 & First Lutheran Church Bothell 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 the camp 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 ____/____/____

Please Complete BOTH Sides



Lutherhaven Ministries Day Camp - Summer 2016

Release of Camper to Non-Parent or Guardian

Please fill out this form if someone other than the custodial parent or guardian is to be picking the child up at the end of the camp day.

Camper's Name: _____

Parent/Guardian's Name: _____

Name of person(s) picking up the camper: _____

Relationship to camper: _____

List day(s) to be picked up: _____

PARENT/GUARDIAN'S SIGNATURE

Please return completed Registration Form with payment to First Lutheran Church.
(Checks made payable to First Lutheran Church)

First Lutheran Church
Attention: Roger Steinke
10207 NE 183rd Street
Bothell, Washington 98011

For more information, please contact:

Roger Steinke,
Director of Education and Youth Ministries

425-486-2314 (Church Phone)

Or email Roger at:

rsteinke@flcbothell.org

Or at:

rogeryouth@hotmail.com