

2017 Camper Registration & Health Form

Camp Luther

June 18-24, 2017



Camper's Name: _____
Last First Middle

Address:	City	State	Zip
-----------------	-------------	--------------	------------

Phone ()	Date of Birth ____/____/____	School Grade in May 2017	Sex M F <small>(circle one)</small>
--------------------	--	---------------------------------	---

Select Camp Program: ___ Juniors (grades 3-5) ___ Intermediates (grades 6-8) ___ Seniors (grades 9-12)

Requested Roommate (Juniors & Intermediates only): <small>Note: The person you request must also request you on his/her form for your request to be honored. Only <u>ONE</u> name may be submitted.</small>	Preferred Email Address <small>(circle one)</small> Parent's Email Child's Email
---	---

Will this be your child's first year at Camp Luther? <small>(circle one)</small> Y N	<input type="checkbox"/> Check Here if you agree to receive the camper packet by email instead of receiving a physical copy.
---	---

Juniors	Beginning Swimming Lessons — A qualified instructor will teach the following: face in water, sideways breathing, floating, front and back crawl, back and breast strokes, treading, and deck diving. Classes occur as part of the activities rotation schedule. Please check if you want your child to take lessons. If your child is already able to do these activities, do <u>not</u> sign your child up for this activity.	___ I want to be in swimming class.
Intermediates	Camp Newspaper — If you enjoy writing and journalism and would like to serve on the camp newspaper staff, please check here!	___ I want to help with the newspaper.

Every child who registers by the deadline will receive a free T-Shirt . Please indicate your child's T-Shirt size!	<small>(circle one)</small> Youth: S M L XL Adult: S M L XL XXL
--	--

Home Church:	City of Church:	Pastor	Scholarship? Y N <small>(circle one)</small>
---------------------	------------------------	---------------	--

Pastor's Signature: _____ **Date:** _____

*Note to Parents: If your church is paying part or the entire registration fee, please give your registration & health form and check (if applicable) to your church. All forms must be mailed with their payment. If you are paying the full amount, send your completed registration forms and the **\$210 fee payable to Camp Luther** to:*

Camp Luther Registrar
 c/o Faith Lutheran Church
 P.O. Box 893
 Franklin, WV 26807

Camper's Name _____

Name of parent(s)/guardian(s) with whom the child resides:	Parent(s) Home Phone	Daytime/Work Phone	Cell Phone
---	-----------------------------	---------------------------	-------------------

Address of parent/guardian (if different from child's address):	City	State	Zip
--	-------------	--------------	------------

Are there concerns about your child that we should be aware of with which camp staff may be able to help your child? (Examples: shyness for age, trying new activities, being a good sport, leadership skills, etc.)**

****NOTE: If your camper is a special needs child, please contact the Director immediately. (director@CampLutherWV.com)**

Has your child had any surgery/injury which may affect participation in camp activities? Please explain. Remember, your child is expected to participate in all the camp program activities unless otherwise noted on this form.

Height _____	Weight _____	Does your child wear glasses? Y N <small>(circle one)</small>	Contacts? Y N <small>(circle one)</small>
---------------------	---------------------	---	---

Drug Allergies:	Describe Reaction:
------------------------	---------------------------

Other Allergies:	Describe Reaction:
-------------------------	---------------------------

My child's immunizations are up to date. Y N <small>(circle one)</small>	Date of last tetanus shot:
--	-----------------------------------

Do you have any other concerns of which the medical staff should be aware?

Camper's Name _____

*****You must attach a photocopy of your child's health insurance card with this form. Include a copy of the Prescription Card if separate from the Medical insurance card.*****

Name of Primary Insurance Company:
Group Number:
ID Number:
If your child does <u>not</u> have health insurance, please initial here: _____

Please list ALL conditions and ALL medications, including over-the-counter and herbal remedies your child is taking:

Condition	Medication(s)	Dose	Frequency

NOTE: Send all medications prescribed in the original container with the prescription label. ONLY send the necessary amount for the week. If your child has any condition AND is taking any prescribed medication including inhalers, a physician's signature must be provided, otherwise, it is not required.

Doctor's name		
Phone Number ()		
Address		
City	State	Zip

***Physician's Signature:** _____ **Date:** _____

Emergency Contact Information:

In the case of an emergency when you cannot be reached, please list the names of two people who can assume responsibility for your child. They can also pick up your child (with your written permission) from camp if the child needs to leave before the end of camp!

Emergency Contact #1:	
Name	Phone
Emergency Contact #2:	
Name	Phone

If you will be out of town during the week of camp, please provide location and phone number where you can be reached:

Location: _____
Phone number () _____
Dates you will be there _____

Camper's Name

REGISTRATION DEADLINE IS JUNE 4TH, 2017

Note: In order for your child to receive a T-Shirt at camp, we need your registration with a T-Shirt size noted by the Registration Deadline.

Consent

_____ (*Initial here.*) **By signing below, I acknowledge that I have made Camp Luther, Inc. aware of all my camper's physical and emotional health issues, and I consent to the distribution of his/her prescription medications as listed, and consent to the administration of over-the-counter medications as deemed appropriate by the licensed healthcare staff.**

Parent's Permission: I support my child's total participation at Camp Luther. I have enclosed the completed Camp Registration and Health Form, a copy of my insurance card, and the fee of \$210. This camper will stay until the close of Camp (unless otherwise worked out previously with the Director). I understand that in the event of a serious illness or injury, I will be notified. If this is not possible, I hereby give permission for emergency treatment as recommended by the appropriate medical personnel. In the event of extreme homesickness or an emergency, I assume full responsibility for transporting my child home before the end of Camp.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____ **Phone: (_____)** _____

Please return this completed "Camper Registration & Health Form" with insurance card and payment no later than June 4th 2016. Any forms received after the deadline will not receive free camper T-shirt.

Mail to: Camp Luther Registrar
c/o Faith Lutheran Church
P.O. Box 893
Franklin, WV 26807

To contact the Director regarding any special needs or concerns:
email: director@CampLutherWV.com
phone: (304)358-2438

<p><u>For Office Use Only:</u></p> <p>___ insurance card</p> <p>___ CK# _____</p> <p>___ scholarship</p> <p>___ PIF</p> <p>Roommate: _____</p> <p>-----</p> <p>Email or Letter ___ sent</p>
--