



# Camp Luther

## June 21-27

### 2020 Camper Registration & Health Form

**For Office Use Only:**

\_\_\_ CK# \_\_\_\_\_ Amt: \_\_\_\_\_  
 Name on check: \_\_\_\_\_  
 \_\_\_ PIF  
 \_\_\_ insurance card  
 \_\_\_ scholarship  
 Roommate: \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
Last First Middle Initial

<b>Mailing Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
-------------------------	-------------	--------------	------------

<b>Phone</b> ( ) _____	<b>Date of Birth</b> ____/____/____	<b>Current School Grade (May 2020)</b>	<b>Sex</b> M F <small>(circle one)</small>
------------------------	--	--	---

**Select Camp Program:**  
(Based on child's *current* grade in school)    \_\_\_ Juniors (grades 3-5)    \_\_\_ Intermediates (grades 6-8)    \_\_\_ Seniors (grades 9-12)

<b>Requested Roommate</b> (Juniors & Intermediates only):  Note: The person you request <b>must</b> also request you on her/his form for your request to be honored. <b>Only ONE name may be submitted.</b>	( ) <b>Check Here if you agree to receive the camper packet by email instead of receiving a physical copy.</b>  <small>(circle one)</small> Parent's Email    Child's Email Print email address CLEARLY in box below:
---	--

<b>Will this be your child's first year at Camp Luther?</b> <small>(circle one)</small> Y N
--

<b>Juniors</b>	<b>Beginning Swimming Lessons</b> — An 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. <b>If your child is already able to do these activities, do not sign your child up for swimming lessons.</b>	___ I want to be in swimming class. <small>(junior campers only)</small>
----------------	---	--

<b>Intermediates</b>	<b>Camp Newspaper</b> — If you are an Intermediate who enjoys writing and journalism and would like to serve on the camp newspaper staff, please check here!	___ I want to help with the newspaper. <small>(intermediates only)</small>
----------------------	--	--

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

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

**\*If your child is receiving a church scholarship, please include pastor's signature:**

**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 along with your payment (see payment schedule on page 4 of application).

Camper's Name \_\_\_\_\_

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

Name of other parent/guardian (if not listed above):	Home Phone	Daytime/Work Phone	Cell Phone
--	------------	--------------------	------------

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.)\*\*

PLEASE NOTE: If your child will be a camper with special needs, please contact the Director immediately.  
([director@CampLutherWV.com](mailto: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 (circle one)	Contacts? Y N (circle one)
--------------	--------------	---	-------------------------------

Drug Allergies:	Describe Reaction:
Other Allergies:	Describe Reaction:

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

Do you have any other concerns about 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 (attach extra sheet as necessary):**

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.**

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

**\*\*Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\*If your child has a diagnosed condition AND is taking any prescribed medication including inhalers, a physician's signature must be provided, otherwise, it is not required.**

**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. This serves as your written permission that these contacts may also pick up your child from camp.

<b>Emergency Contact #1:</b>	
Name	Phone Number(s)
<b>Emergency Contact #2:</b>	
Name	Phone Number(s)

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

## 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/Guardian'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 appropriate fee. 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: (\_\_\_\_) \_\_\_\_\_**

### **Registration Fee Schedule:**

(make checks payable to "**Camp Luther**")

**Early Bird Registration\*: \$220 postmarked by **May 1****

\*please note: Early Bird discount is not transferrable to other campers

**Deadline to guarantee a free camper T-Shirt: \$235 postmarked by **June 1****

**Late Registration Fee: \$240 postmarked after **June 1****

### **Check List for Application:**

- Camper Registration & Health Form
- Photocopy of camper's health insurance card
- payment according to the Registration Fee Schedule (above)

**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](mailto:director@CampLutherWV.com)  
phone: (304)358-2438