



Dear Parents and Guardians,

Welcome to **CHAPEL OF THE CROSS SUMMER CAMP 2019 – a Christ-centered outdoor day camp!** We are looking forward to having your child join us for a jam-packed summer as we go on field trips to many of the most popular museums and attractions in St. Louis. We'll visit parks, swim, play games, and participate in a variety of activities unique to camp. Campers will also have daily devotional experiences under our theme “**Shine the Light**”, sing praises to God, and then, at the end of the summer, lead a Sunday worship service at Chapel.

Further information about Chapel's Summer Camp is included with this letter or can also be found on the summer camp website: www.chapelofthecross.org/summercamp. This includes the 2019 Parent Handbook, registration form, plus a tentative calendar of activities and the daily schedule. ***Please read everything thoroughly and complete all the registration materials.*** Remember to register before May 1 and save \$10 off the \$40 registration fee! And don't forget to pass on the referral coupon to friends and family members who are also looking for a great summer camp for their children.

We are so thankful that you are interested in our camp and look forward to having your child join us this summer. If you have any questions, please feel free to contact me at 314.741.3737 x 102 or via e-mail at summercamp@chapelofthecross.org.

In Christ,

Summer Camp Administrative Staff

Chapel of the Cross – Lutheran
Chapel Summer Camp
11645 Benham Road Saint Louis, Missouri 63136
314.741.3737 x 102
www.chapelofthecross.org/summercamp

CHAPEL OF THE CROSS-LUTHERAN SUMMER CAMP

Registration Form



Please Print and fill out a separate registration for each child.

Return the entire registration, including the \$40 registration fee (check made out to Chapel of the Cross-Lutheran or cash), to: Chapel of the Cross – Summer Camp, 11645 Benham Road, St. Louis, MO 63136.

Camper's Name: _____ Sex **M / F**

Birthdate ____/____/____ Grade Level Fall 2019 _____ at _____
Last Name First Name
(School)

Address: _____ City _____ Zip _____

Church Name: _____ City: _____

Parent/Legal Guardian #1: Name _____

Home#: _____ Cell# _____ Work# _____

Email Address: _____

Parent/Legal Guardian #2: Name _____

Home#: _____ Cell# _____ Work# _____

Email Address: _____

For Office Use Only

Date Registered _____

Reg. Fee Pd. \$ _____

Crusader Academy \$ _____

Receipt # _____

T-Shirt: Size- _____
 Additional Pd: _____

FORM TO BE RETAINED FOR
 ONE YEAR AFTER DISCHARGE

Is your child currently staying/living with the parent(s)/legal guardian(s) named above? YES NO

If no, please fill out the information below. **Child named above is currently living with:**

Name _____ Relationship _____

Address: _____ City _____ Zip _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Additional Authorized Drop off & Pick Up/Emergency Contacts *(please provide two contacts if possible)*

Name _____ Relationship _____

Address: _____ City _____ Zip _____

Home #: _____ Cell #: _____ Work #: _____

Name _____ Relationship _____

Address: _____ City _____ Zip _____

Home #: _____ Cell #: _____ Work #: _____

Under no circumstances will a child be released to anyone not known to the camp without prior authorization from the parents/guardians.

New Summer Camp Families: How did you hear about Chapel Summer Camp? _____

If referred, please name the summer camp family who referred you: _____
First and last name of parent/guardian

Swimming

Safety is our number one concern. Certified lifeguards along with our own identifiable camp counselors will be attentive in providing a safe environment while at the pool.

My child may go in the pool (please check): YES NO

For your child's safety and our knowledge, your child is (please check):

Pod swimmer Air swimmer Non-swimmer

Summer Camp T-Shirt

T-shirts must be worn on all field trip days, typically Tuesdays and Thursdays. (Registrations received after May 1 may have limited sizes available.)

Please circle your child's T-shirt size: Child sizes: XS S M L
Adult sizes: Small Med Large XL

Would you like an extra T-shirt for \$12? (one shirt is included) Yes No How many extra T-shirts? _____

If purchasing extra T-shirts, please include the payment with the registration fee.

Required Release

Indemnification by Parent or Guardian of Applicant

I/We, the parent(s)/guardian(s) of the minor child listed on this application do hereby release **Chapel of the Cross Lutheran Church** and any and all adult supervisors, directors, counselors, volunteers, church staff, or agents from any and all debts, claims, demands, actions, damages, causes of action, judgment or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Chapel of the Cross Summer Camp in the event of any accident; en route, during and returning from Chapel of the Cross sponsored field trips and all summer camp activities at Chapel of the Cross. I/We also release in the event of any accident, transportation provided by bus (primarily Lutheran High School North) and Chapel of the Cross's vans and authorized drivers. I/We will pay for the safety and growth of all participants during the field trips.

Photographic Release

I/We hereby grant Summer Impact Ministries, Chapel of the Cross Summer Camp, and Chapel of the Cross Lutheran Church the absolute right and permission to use, reuse, publish and republish photographic materials of my child to illustrate, promote and advertise Chapel of the Cross Summer Camp, Chapel of the Cross Lutheran Church, and their programs in publications and websites. Names will not be used in print or online publications.

Parent Handbook

I/We acknowledge that I have read the Parent Handbook and understand the policies of Chapel of the Cross Summer Camp. I/We will work with the camp to uphold the Summer Camp Covenant as it is written in the handbook. **My/Our child and I/we have talked about this covenant prior to attending camp.** I/We also acknowledge that **payment for each week of Summer Camp is due on the first day of each week that my child attends.** Failure to make payments on time may result in dismissal from camp.

Valuables

I/We will not send my/our child to camp with any valuables including iPods, cell phones, money, etc. In the event that my/our child does bring an item of value to camp and it is lost, stolen, or destroyed, I/we will not hold Chapel of the Cross Lutheran Church and any and all adult supervisors, directors, counselors, or church staff responsible. I/we recognize that there is not a need for any of these devices to be in camp and in the event that I/we need to contact my child during the camp day, I/we will call the church office.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date



PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

- My child is in good health, is able to participate in group care, has no special health or medical requirements.

- My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

Medical Release and Physician / Insurance Information

_____ has my permission to attend all summer camp activities and field trips sponsored by Chapel of the Cross Lutheran – Summer Camp.

NAME OF CHILD

This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the camp ministry staff member.

Primary Physician: _____ Phone # _____

Preferred Hospital: _____ Phone # _____

Name of Person carrying insurance coverage _____

Medical Insurance Company Name and Policy Number _____

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

In the event your child needs certain over-the-counter medications, the summer camp director / lead counselors may choose to provide medication to the camper to feel better during the day. The dosages given will be those listed on the sides of the container of medications. Below is a list of authorized over-the-counter medications which may be given to your child. In all cases, this will be documented and the parents alerted as soon as possible. **Please CIRCLE all medication your child may be given, and CROSS OUT all medication your child does not have your permission to take (without your verbal or written consent).**

Lotion Sunscreen Ibuprofen: Dose _____

Tylenol (Acetaminophen): Dose _____ Pepto-Bismol Benadryl

Hydrocortizone Cream (anti-itch)

SUMMER CAMP ATTENDANCE

CAMPER NAME _____

We recognize that your summer schedule may be subject to change, but please provide us with the most accurate information currently available and **inform us of any scheduling changes** as soon as possible. This helps us with billing, planning fieldtrips, and scheduling counselors for each day.

Please indicate which days you intend on sending your child to summer camp with an X.

Please write "AM" or "PM" next to those days when you will need morning or afternoon extended care.

Week One: May 27th – May 31st

Monday	Tuesday	Wednesday	Thursday	Friday
No Camp				

Week Two: June 3rd – 7th

Monday	Tuesday	Wednesday	Thursday	Friday

Week Three: June 10th – 14th (Week of VBS and Crusader Academy)

Monday	Tuesday	Wednesday	Thursday	Friday

Week Four: June 17th – 21st

Monday	Tuesday	Wednesday	Thursday	Friday

Week Five: June 24th – 28th

Monday	Tuesday	Wednesday	Thursday	Friday

Week Six: July 1st – 5th

Monday	Tuesday	Wednesday	Thursday	Friday
			No Camp	No Camp

Week Seven: July 8th – 12th

Monday	Tuesday	Wednesday	Thursday	Friday

Week Eight : July 15th – 19th

Monday	Tuesday	Wednesday	Thursday	Friday

Week Nine: July 22nd – 26th

Monday	Tuesday	Wednesday	Thursday	Friday

Week Ten: July 29th – August 2nd

Monday	Tuesday	Wednesday	Thursday	Friday

CAMPER NAME _____

Lutheran High School North Crusader Academy
(June 10-14, 2019 - Grades 6-8 Only)

Chapel of the Cross Summer Camp and Lutheran High School North (LHSN) have teamed up to provide a unique opportunity for our campers entering grades 6-8 during the week of June 10 - 14. During this week, while our Kindergarten – grade 5 campers are participating in Vacation Bible School at Chapel of the Cross, **our 6th – 8th graders will participate in the LHSN Crusader Academy.** **The base rate for the week is the same \$125 weekly summer camp fee. Additional fees apply to certain activities if selected by the camper and are still being determined. Campers should plan to attend all five days and no credit is given for days missed. Payment for the week of June 11-15 is payable to Chapel of the Cross and is due by Monday, June 4. The fee covers transportation to and from Chapel of the Cross and the activities at LHSN.** We thank the LHSN Crusader Academy for this opportunity for our campers at this discounted rate.

Here's how it works:

- Sign-up below for one morning and one afternoon activity.
- Campers should plan to arrive at Chapel of the Cross Lutheran NO LATER than 7:55 AM and will be transported by bus/van to LHSN for the day's activities. If late, the parent/guardian is responsible to transport the camper to LHSN.
- Campers should bring a lunch to eat.
- Campers will be transported by bus/van back to Chapel of the Cross each afternoon (arrive back at approximately 4 p.m.)
- Further information regarding the camp will be provided to each camper family as needed.

Complete the registration below and the Indemnification and Medical Treatment Authorization on the back.

Camper's Name _____ Gender M F Age _____
Home Address _____ City _____ State _____ Zip _____
School currently attending _____ Grade Level Fall 2017 _____
Parent/Guardian name(s) _____
Home Phone _____ Parent Cell Phone _____
Parent email _____ Emergency Phone _____

Circle T-shirt size - YOUTH: Small Medium Large ADULT: Small Medium Large X-Large

Choose one AM and one PM activity*

AM Activity – choose one (8:30 -11:30 a.m.)

- Playing in the Mud, Coed, grades 6 - 8
- Chinese Language and Culture, Coed, Grades 6 - 8

PM Activity – choose one (12:30 – 3:30 p.m.)

- Baseball, Boys, Grades 6 - 8
- The Art of Photography, Coed, Grades 6 - 8, (Ceramics)

*A detailed description of each activity offered may be found on the Lutheran North website at www.lhsnstl.org.

Indemnification and Medical Treatment Authorization

Indemnification by Parent or Guardian of Applicant

The undersigned parent(s) or guardian(s) of _____ the applicant for and in further consideration of the Lutheran North Crusader Summer Academy accepting said applicant, does hereby release and discharge the Board of Trustees of the Lutheran High School Association of St. Louis and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgment, or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Lutheran North Crusader Summer Academy and hereby agree to have and indemnify and keep harmless the Board of Trustees of the Lutheran High School Association of St. Louis, its representatives, employees, and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given the applicant by the Lutheran North Crusader Summer Academy. I further understand that there is no supplemental health insurance provided by the Lutheran High School Association.

Signature of Parent or Guardian Date

Medical Treatment Authorization

I/We being the parent(s) and/or legal guardian(s) of the applicant authorize Lutheran High School North and its agents permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavor.

Signature of Parent or Guardian Date

Person carrying insurance coverage

Name of Insurance Company

Plan or Policy Number

Please add any information, including medical concerns, that will help us make the Crusader Summer Academy an outstanding experience for your child:

Photo/Video Release

I represent that I am the parent or guardian of the minor child listed below and hereby give my consent to Lutheran High School North to take or use photographs, digital images, and video/ audio recordings of my child for use in printed publications or materials, posters, brochures, electronic publications, videos or web to promote the Crusader Summer Academy and Lutheran North.

Signature of Parent or Guardian Date

Camp details:

All campers should bring a refillable water bottle; refill stations will be provided. Campers should wear appropriate clothing and bring equipment as specified in camp descriptions.

Students staying all day are responsible for bringing their own lunch. Refrigeration will be available.

Questions? Contact CSA Director Dan Wenger at 314-389-3100 or dwenger@lhsnstl.org.



REGISTRATION CHECK-LIST

The following items should be included with each registration:

- _____ Registration (complete and sign)
- _____ Non-refundable registration fee + payment for extra t-shirts(s)
- _____ Health Statement (complete and sign/required by the State of Missouri)
- _____ Immunization Record (required by the State of Missouri)
- _____ Medication Authorization (if applicable)
- _____ Medical Information and Release (complete and sign)
- _____ Completed Summer Camp Attendance Form
- _____ LHSN Crusader Academy sign-up (for 6th – 8th graders attending June 11-15)

Please mail to or drop off your Summer Camp Registration at:

Summer Camp
Chapel of the Cross – Lutheran
11645 Benham Road
St. Louis, MO 63136

\$50 OFF

Receive \$50 off one week's weekly summer camp rate when you recommend a friend who registers, attends, and pays for one full week of summer camp.**

** Restrictions apply. **When your friend registers they must indicate it on their registration form. Please turn this coupon in with your name and the friend's name on it, and you will receive \$50 off one week's weekly summer camp rate at Chapel of the Cross Summer Camp.** All referred families must be new summer camp families at Chapel. No one registered in any previous year is eligible as a friend for this promotion. One discount allowed per new registered family. No more than one coupon may be used per family per week. There is no limit to the number of families you can encourage to register. *Both you and your friend must register, attend and pay for one entire week of summer camp, in order for you to receive the \$50. We reserve the right to uphold the details and restrictions of this coupon. This coupon may be duplicated as needed.*

Current Family: _____ New Family: _____

Office Use Only: Dates New Family Attended _____ Discount applied for Week _____