

Concordia Lutheran
Summer Camp 2024



For Children Ages 3-12

Must Be Fully Potty Trained

Camper Full Name: _____ DOB: ___/___/___

Grade Entering in Fall of 2024: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent / Guardian: _____

Phone: _____ Email: _____

Name of Parent / Guardian: _____

Phone: _____ Email: _____

Please circle the size your child will be needing for their camp t-shirt. All sizes are youth t-shirts.
XS / S / M / L / XL

Please list below emergency contacts and approved person(s) to pick up your child from Summer Camp.

(Emergency contact should be someone who will assume responsibility for the child if the parent(s)/guardian(s) can not be reached.

Emergency Contact 1: _____ Relation: _____

Phone: _____

Emergency Contact 2: _____ Relation: _____

Phone: _____

Pick Up Person 1: _____ Relation: _____

Phone: _____

Pick Up Person 2: _____ Relation: _____

Phone: _____

Pick Up Person 3: _____ Relation: _____

Phone: _____

Please put an X next to the week(s) your child will be attending Summer Camp. Please circle the day(s) your child will be attending for the week(s) also. Summer Camp will be from 8am to 3pm. Before and Aftercare will also be available. Before Care is from 7am-8am and Aftercare is from 3pm-5:30pm. There will be an additional \$7.50 per hour, per camper, charge for extended care. **This sheet gives us an estimated attendance. You will still need to register every week for the up-coming summer camp week for camp and any extended care that will be needed. You will be able to do so through the link we will be emailing out every week.**

___ Week 1- June 10th - 14th M, T, W, TH, F
Friendship Week

___ Week 6- July 15th - 19th M, T, W, TH, F
Fun & Fitness Week

___ Week 2- June 17th - 21st M, T, W, TH, F
Oeey Gooey Science

___ Week 7- July 22nd - 26th M, T, W, TH, F
Edible Engineering

___ Week 3- June 24th - 28th M, T, W, TH, F
Artful Antics

___ Week 8- July 29th-Aug. 2th M,T, W,TH,F

___ Week 4- July 1st - 3rd M, T, W,
Aqua Adventure

___ Week 5- July 8th - 12th M, T, W, TH, F
Go Green

2024 Summer Camp Registration Fee:

Registration is nonrefundable

Registration Fee includes your Campers Summer Camp t-shirt & tote bag

Before April 26, 2023 – \$70 per camper

After April 26, 2023 – \$90 per camper.

2024 Summer Camp Tuition:

Weekly Rate – \$185

Daily Rate – \$45

Lunch & Snacks

Campers need to bring their own lunch from home and also a filled/re-fillable, labeled water bottle. We will have pizza every Friday and a form will be sent home monthly so you are able to order pizza for your child on Friday's.

Morning Snack is provided by Concordia Lutheran but any Camper that will be attending aftercare NEEDS to bring a snack for aftercare. A snack will NOT be provided in aftercare.

Parent/Guardian Signature: _____ Date: _____

*****FOR OFFICE USE BELOW LINE*****

Date Reg. Rec'd. _____ Reg. Rec'd. \$ _____ Cash/Check# _____ Office Initials _____



SUNSCREEN APPLICATION AUTHORIZATION AND SUNSCREEN POLICY FOR
CONCORDIA LUTHERAN SUMMER CAMP 2024.

Parents are responsible for applying sunscreen to their child prior to arrival at camp. Parents are also responsible for sending sunscreen with their child to Camp for reapplication throughout the day if needed. Sunscreen bottles **MUST** be labeled with the child's first and last name. All sunscreen will remain in our staff's care and is stored on-site (aside from pool days).

Please teach your child how to apply sunscreen correctly and talk with your child about the importance of applying sunscreen and how frequently it should be re-applied.

Camper Name: _____

As the parent or guardian of the above child, I give permission for the staff at Concordia Lutheran Summer Camp to apply sunscreen on my child if/when necessary. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs. I understand that if I do not send sunscreen to camp with my child that he or she may risk getting a sunburn. I also understand that Concordia Lutheran will not be held responsible for any sunburns or allergic reaction to sunscreen.

Parent/Guardian Signature: _____ Date: _____



CONCORDIA LUTHERAN SUMMER CAMP 2024 BEHAVIOR AGREEMENT

Concordia Lutheran Summer Camp is a community of faith where we believe that each child is a unique creation of God, blessed with a special set of talents and gifts.

Here at Concordia Lutheran Summer Camp we feel that each child deserves the opportunity to develop his/her God-given potential to the fullest in all areas of life: spiritual, intellectual, creative, social, psychological, and physical.

Concordia Lutheran Summer Camp understands the important role that parents play in the growth of their children. It is with the cooperation and teamwork of parents, students, and staff that we are able to strive and work together for a wonderful faith filled community where children can grow and learn.

1. Campers are expected to be on their best behavior at all times.
2. Campers are expected to be in their Concordia Lutheran Summer Camp t-shirt on ALL field trip days. No exceptions.
3. Parents must support the behavioral interventions of Concordia Lutheran Summer Camp.
4. Unwillingness by a Camper or a Parent to cooperate with the Staff and Administration if a problem arises resulting in unresolved issues will result in consideration for withdrawal/dismissal of Summer Camp.

Concordia Lutheran Summer Camp has a zero tolerance policy for inappropriate language, bullying, and any/all inappropriate behavior.

Please sign below once you have read and fully understand and agree with the above terms. By signing below you are agreeing to the above terms and conditions and agree to abide/cooperate with Concordia Lutheran Summer Camp for the benefit of your Camper and all Campers and Staff.

Camper Name: _____

Parent/Guardian Signature: _____ Date: _____



WAIVER AND RELEASE OF LIABILITY FOR GUESTS

PLEASE PRINT	*ID REQUIRED FOR GUESTS 18 AND OLDER		
NAME: _____	AGE: _____	DATE OF BIRTH: ____ / ____ / ____	
PHONE NUMBER: _____			
ADDRESS: _____			
STREET	CITY	STATE	ZIP
SIGNATURE: _____	TIME: ____ : ____	AM PM	DATE: ____ / ____ / ____
GUEST OF (MEMBER'S NAME): _____			
<u>*FOR GUESTS UNDER THE AGE OF 18:</u>			
PARENT/GUARDIAN PRINTED NAME: _____			
PARENT/GUARDIAN SIGNATURE: _____			
EMERGENCY CONTACT NUMBER: _____			

Waiver and Release of Liability:

In consideration of my permission to use Peak Sports Club and it's equipment, on behalf of myself, my family, my heirs and my assigns, I hereby release Peak Sports Club, it's owners, employees and agents from liability for injury, death or property loss suffered by me resulting from the ordinary negligence of Peak Sports Club, it's agents and employees while I am using the facility, equipment or in any way associated with participating in any and all club activities now or in the future. I acknowledge that I know and understand the inherent risks of using health club facilities and equipment and in participation in health club activities. I know that these risks may include, but are not limited to, minor scrapes, strains and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussion, paralysis and even death. By the execution of this agreement, I fully assume inherent risks associated with health club use and assert that I am voluntarily participating in such activities.

Concordia Lutheran Summer Camp Student Health Information & Consent

Summer 20_____

Student's Name _____ Birth Date _____ - _____ - _____ Grade _____

Home Address _____ City _____ Zip _____

Father's Name _____ Home Phone () _____ Cell () _____ Email _____

Place of Employment _____ Work Phone () _____

Mother's Name _____ Home Phone () _____ Cell () _____ Email _____

Place of Employment _____ Work Phone () _____

Student Lives With _____ *(Please circle the phone number to be called/texted first)*

Student's Health History

ALLERGIES (food, drug, insect, seasonal) <i>(circle)</i> List triggers _____ Emergency Medication _____	Yes	No	Explain	MEDICATIONS (List all prescribed & over-the-counter meds taken regularly) <i>(circle meds to be given at school)**</i>			
Diagnosis of ASTHMA Wakes at night coughing List Triggers _____ Emergency Medications- _____	Yes*	No		Hospitalizations	Yes	No	Explain
Birth Defects	Yes	No		Surgeries	Yes	No	
Developmental delay	Yes	No		Serious injury or illness	Yes	No	
Blood disorders	Yes	No		TB skin test positive (past or present)	Yes	No	
Diabetes	Yes*	No		TB Disease (past or present)	Yes	No	
Head Injury/Concussion/Passed out	Yes	No		Loss of function of one of paired organs <i>(eye/ear/kidney, testicle, etc.)</i>	Yes	No	
Seizures (type and frequency)	Yes *	No		ADHD Medication?	Yes	No	
Heart problems/murmur/shortness of breath Physical restrictions	Yes	No		Anxiety	Yes	No	
Frequent headaches	Yes	No		Frequent nosebleeds	Yes	No	
Dizziness or chest pain with exercise	Yes	No		Family History of sudden death before 50	Yes	No	
Eye/Vision Problems Glasses contacts lazy eye other <i>(circle)</i>	Yes	No		Dental Issues Braces bridge/plate other <i>(circle)</i>	Yes	No	
Ear/Hearing problems Tubes (currently in place) Which ear(s) _____ Frequent ear infections	Yes	No		Other Health Concerns	Yes	No	
Bone or joint problems/injury/scoliosis Physical restrictions	Yes	No		Parent Signature _____	Date _____		

* If YES circled, please complete an Individualized/Emergency Care-Action Plan (i.e.: Allergy, Asthma, etc.) for your student (forms available from the school office)

**If medication to be given daily at school, please complete an "Authorization for Administration of Medication" Form (available from the school office)

Emergency Contacts & Parental Consent

In consideration of Concordia Lutheran School permitting my child to participate in all activities relating to school, I assume responsibility for my child's participation and agree that CLS will not be held liable for any claims or demands of any nature whatsoever which may arise by or be in connection with my child. I further certify that I, the parent or guardian, consent to the performance of emergency treatment as deemed necessary by the summer camp personnel as a result of injury while participating in summer camp activities. I understand that every attempt will be made to contact me prior to such treatment, but in the event that no contact is possible, I authorize the summer camp to act on my behalf. I further agree that if the physician and hospital of my choice is not available in an emergency, the school will send my child to the nearest available hospital. The information on this form may be shared with the appropriate summer camp and emergency personnel for the educational and/or health needs of the student.

Physician of Choice _____ Phone _____ Hospital of Choice _____

Insurance Carrier _____ Policy Number _____

Two adults who will assume responsibility for the child if the parents/guardian cannot be reached:

Name _____ Relationship _____ Phone#1 _____ Phone#2 _____

Name _____ Relationship _____ Phone#1 _____ Phone#2 _____

Signature of Parent/Guardian _____ Date _____

OVER→



Concordia Lutheran School, its member churches, any of their directors, employees, officers or board members, volunteers, coaches and agents are exempt from any liability associated with this student during the Summer Camp. Students assume all risks associated while participating in the Concordia Lutheran School Summer Camp and waive any claims against the owner or the property on which the activity is held. The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees and all members of my family.

I give permission for my child to take part in all camp activities, including field trips away from the school premises. I give permission to Concordia Lutheran and staff to transport my child via First Student bus transportation.

In the event of an accident or illness to the child (children) listed below, I do hereby authorize Concordia Lutheran School to secure any necessary medical treatment including, but not limited to, the emergency transportation to a medical facility. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, transportation, or treatment of the child.

Concordia Lutheran School has permission to use this student's name & image for publicity in publications, printed material, TV & internet. Yes No

Concordia Lutheran School is not responsible for personal items left unattended on our property.

Camper's Name: _____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature: _____ Date: _____