

2018 LUTHER CREST DAY CAMP REGISTRATION FORM

CAMPER NAME _____ SEX _____ AGE _____

PARENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

GRADE JUST **COMPLETED BY CAMPER** (circle one) K 1 2 3 4 5

I give my permission for my child to participate in Luther Crest's Day Camp, to take part in the normal activities, and I authorize the camp doctor to provide any necessary emergency medical care. I understand Luther Crest assumes secondary insurance coverage; the camper's family assumes primary coverage. I also give Luther Crest permission to use any photograph of my child taken at camp in future promotion of Luther Crest.

Parent's Signature

_____ I would like to be a Day Camp Volunteer.

_____ I would like to bring an extra lunch for a counselor.

_____ I would like to have the Luther Crest Day Camp Team at my home for supper.

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