



Lutherhill Summer Day Camp 2019 Registration Form

Please print one per child.

CHILD'S FIRST & LAST NAME: _____

NICKNAME/PREFER TO BE CALLED: _____ BIRTHDATE: _____

GRADE JUST COMPLETED IN SCHOOL (CIRCLE): Kinder 1st grade 2nd grade 3rd grade 4th grade 5th grade

PARENTS/GUARDIANS NAME(S): _____ PHONE: _____

PARENTS/GUARDIANS EMAIL: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

INSURANCE CARRIER: _____ GROUP/POLICY NUMBER: _____

HOME CHURCH: _____ CITY: _____

SPECIAL INTERESTS OR HOBBIES: _____

ANY RESTRICTIONS TO PHYSICAL ACTIVITIES: _____

ALLERGIES (FOOD, DRUGS, INSECTS, ETC.): _____

PEOPLE AUTHORIZED TO PICK UP CHILD FROM CAMP: _____

T-SHIRT SIZE (PLEASE CIRCLE): YXS YS YM YL AS AM AL AXL AXXL No Thanks

EMERGENCY RELEASE: I will not hold Lutherhill Ministries or Lord of Life Lutheran Church and their staffs responsible for accidents, claims, and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries and Lord of Life Lutheran Church permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE NOTE: YOUR CHILD SHOULD WEAR PLAY CLOTHES AND BRING A SACK LUNCH EACH DAY!

MAKE CHECK PAYABLE TO LORD OF LIFE LUTHERAN CHURCH (PLEASE NOTE DAYCAMP IN MEMO) & MAIL OR RETURN CHECK AND REGISTRATION TO THE CHURCH OFFICE: LORD OF LIFE LUTHERAN CHURCH, 9700 NEENAH AVE., AUSTIN, TX 78717. QUESTIONS CALL 512-671-6700.