Registration Deadline Date: July 15, 2017

Return completed Registration Form to Zion Lutheran Church

**2017 PRESCHOOL REGISTRATION FORM**

Camper’s Familiar Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Completed (as of camp) \_\_\_\_\_\_M ( ) F ( ) Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of camp\_\_\_\_

Parent /Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to camper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED DRIVER**

Name of Person(s) picking up the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Approved Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Parent and Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List days to be picked up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child has permission to walk home, ride a bike home from Day Camp \_\_\_\_\_YES \_\_\_\_\_NO

|  |  |
| --- | --- |
| Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ALLERGIES**  | **Type of Reaction: Please mark which apply**  |
| **Type of Allergy**  | **No Yes** **(please circle)**  | **Describe/Specify Allergen**  | **Mild**  | **Moderate (Swelling or severe rash)**  | **Severe** **(Difficulty Breathing)**  |
| Food  | No Yes  |   |   |   |
| Medication  | No Yes  |   |   |   |
| Environmental (animal, plant, insect, etc…)  | No Yes  |   |   |   |
| Other  | No Yes  |   |   |   |

Does your child have any special needs (behavioral and/or physical) we should know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give informed and expressed consent for my child to take part in all camp activities under supervision, and agree that the Day Camp or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the Day Camp Healthcare Provider and/or designated Day Camp staff/volunteer to provide appropriate treatment to my child for injuries and/or illness. I understand that the information on this form may be released to the appropriate medical personnel in case of medical emergency. I also understand the failure to disclose medical or emotional problems in advance may lead to serious consequences while at Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

Parent Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant/Parent/Guardian Waiver & Indemnity Agreement**

Zion Lutheran Church 824 NE 4th Ave Camas WA 98607 (360)834-4201

Program/Activity: VBS/Day Camp, including all walking field trips July 31 – August 3, 2017.

Participant:

In consideration of your accepting me or my child for the above-named program or activity, I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, volunteers, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above-named program or activity sponsored by Zion Lutheran Church of Camas, WA.

I warrant that I have the right to authorize the foregoing and so hereby agree to hold Zion Lutheran Church of Camas, WA and volunteers and employees of Zion Lutheran Church of Camas, WA harmless of and from any and all liability of whatever nature that may result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program or activity, I will personally indemnify, defend and hold harmless Zion Lutheran Church of Camas, WA and its agents, employees, volunteers, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney’s fees.

I further acknowledge that any child registered on this form, as a participant in VBS/Day Camp at Zion Lutheran Church, may be photographed or captured on video during the VBS/Day Camp program and activities. I hereby grant full permission to Zion Lutheran Church to use photographs or videos-in print, electronic, online, or other public media-of the child registered on this form and further release Zion Lutheran Church from any and all liability connected with the authorized use of words and image of the child registered on this form.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all conditions herein.

Parent/Guardian Date

**Day Camp/VBS Conduct Covenant**

As a child of God and a participant of VBS/Day Camp 2017,

I understand and agree to the following expectations:

I am responsible for my own actions. I agree to treat fellow participants, high school leaders, assistants and adults with respect. I will choose to have self control and use my words to build other people up. I will not bring harm to myself or others. I understand that should I bring harm to myself or others, my parent/guardian will be contacted and I will be sent home.

I will be respectful of all church property and any property visited through VBS/Day Camp. I understand that if I damage other people's property, I am responsible for repairing/replacing it.

VBS/Day Camp is designed for us to have fun while we get to know more about God and each other. I agree to participate fully in all activities.

I understand that I am responsible for my own actions. I will strive to keep this covenant.

Youth Signature Date

I have read this Conduct Covenant and enter into it with my child. I understand that should my youth choose to bring intentional harm to others I will be contacted and they will be sent home. In the event that I can not be contacted the emergency contact will be phoned. **I understand that Preschool Day Camp runs from 9 a.m.-11:30 am. and daily registration begins at 8:50 a.m.**

Parent/Guardian Signature Date

**Participant's t-shirt size for a VBS/Day Camp T-shirt (included in registration price)**

Youth XS Youth Small Youth Med. Youth Large

 Adult Small Adult Medium Adult Large Adult XL

 Other

We will do our best to get you the size requested.*Shirts are handed out in the order registrations are received.*