

DAY CAMP REGISTRATION FORM

Camper's Familiar Name _____

Grade Completed (as of camp) _____ M () F () Birth date _____ 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 _____ 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		?	?	?

I hereby give informed and expressed consent for my child to take part in all VBS/Day Camp activities under supervision, and agree that the VBS/Day Camp Day or Day Camp personnel will not be held responsible for accidents arising there from. I authorize the VBS/Day Camp Healthcare Provider and/or designated VBS/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 VBS/Day Camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge. I also consent to the use of any photograph of my child or family in future Zion Lutheran Church publications.

Parent/Guardian Signature _____ Date _____

Day Camp/VBS Conduct Covenant

As a child of God and a participant of VBS/Day Camp 2022,
I understand and agree to the following expectations:

I understand that how I treat other people makes a difference. 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 loads of 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 cannot be contacted the emergency contact will be phoned. I understand that VBS/Day Camp runs from 9 am -12 pm and daily registration begins at 8:50 am.

Parent/Guardian Signature

Date

_____ Yes, I'd be glad to volunteer during VBS/Day Camp. Please circle the days you can help.

Monday

Tuesday

Wednesday

Thursday