## 2019 Day Camp Registration



Faith in Christ Lutheran Ch DAY CAMP June 17			Carton
Child's Name	Date	of Birth	Shirt Size
Age Completed (	Grade Church		
Parent/Guardian's Name(	(s)		
Street Address	City and Zip		
Home Phone	Work Phone	Cell Phone	e
** In case of an emergene	cy, please contact		
	relationship to child:		
	<u>Medical Release</u> jies	<u>9</u>	
Special Needs/Restriction	ons		
Pediatrician			
Faith in Christ Church, or it hospital care for my child supervision of a physician.	<u>Medical consent</u> ccident, if the parent or guar is agents, to consent to any c which is deemed advisable . I release the church and its a connection with any author	dian cannot be rea diagnosis, examinat by, and is renderec agents from respo	tion, treatment, or d under the nsibility in the case
	ardian		
My child, the week's activities & for Swimming Pool in Yellow S participate in water day a pictures of my child during	, has permission to walk d lunch each day. My child al Springs on Thursday, June 20. activities. Lastly, the day cam g the camp to use for the DV e church's web page and the	down to Moorefield Iso has permission t On Friday, June 2° np is granted permi 'D show, bulletin bc	Park for some of o go to Gaunt 1, my child may ssion to take pards & other church
Signature of parent/gu	ardian		Date
The following person(s) ma	ay pick up my child after Day	y Camp:	
* If this above list changes during c child's safety is important. Thank y	camp, please write a note sharing the ou.	changed information wit	h Faith in Christ. Your

Do NOT release my child to:\_\_\_\_\_