CAMP LUTHERHAVEN & SHOSHONE BASE CAMP

Registration for Outdoor Education (Please Complete Both Pages)

Dates Attending: *Teacher:*

Name of School _____City/State _____

Name _____Date of Birth _____
Last *First* *Middle Initial*

_____Male _____Female

Address _____
Mailing Address

_____
City *State* *Zip Code*

_____
Email

_____
Home Phone *Work Phone* *Cell Phone*

Custodial parent(s)/guardian(s) _____
Name

Home address_____
(if different from above) *Mailing Address* *City* *State* *Zip Code*

In case of emergency, we (I) can be reached by phone at:

Home phone ( ) Work phone ( )

<u>If we (I) are not available in an emergency, please contact:</u>

Name _____

Relationship _____ Phone (_____)_____

Address _____
Mailing address *City* *State* *Zip Code*

Finish Completing this Registration on the Second Page! Be sure to Sign it. . . . .

Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies _____

Food & Other Allergies _____ Date of last Tetanus shot _____|_____|_____

Family Physician _____ Phone (_____)_____

Family Dentist _____ Phone (_____)_____

Medication(s) currently being taken _____

_____

Medical Insurance Company _____

Address _____

Insurance ID number _____ Group Number_____

Description of any limitations or restrictions on camp activities_____

Permissions & Liability Release

I have requested that Lutherhaven Ministries enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries at one of its camps or sites. As a condition of participating in this camp, program or activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program. I give permission for Lutherhaven Ministries to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by the camp for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name (please print)

_____

Signature _____Date _____/_____/_____