

## Registration Template

**First and Last Name of camper you're signing up:** \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_

-----

**First and Last Name of 2nd camper you're signing up:** \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_

-----

**First and Last Name of 3rd camper you're signing up:** \_\_\_\_\_

Grade entering in Fall 2019: \_\_\_\_\_

-----

### **Parent/Guardian**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Work # (optional): \_\_\_\_\_

Email: \_\_\_\_\_

### **Second Parent/Guardian**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_ Work # (optional): \_\_\_\_\_

Email: \_\_\_\_\_

### **Additional Emergency Contact**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work # (optional): \_\_\_\_\_

-----

Does your camper(s) have any life threatening or severe health-threatening allergies that require an epi-pen or emergency medical services? If so, please list. (Please specify which camper if signing up multiple campers)

---

Any other notes to help us best care for your camper(s)?

---

**Publicity Release:**

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

Initial Here: \_\_\_\_\_

*\*\*Insert your congregation's liability release here\*\**

**Signature of parent or guardian of minor camper(s)**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_