



Day Camp Registration Form
Please print one per child.



Name _____ Preferred Name _____

Birth Date _____ Age _____

Address _____

City _____ State ____ Zip _____ Home Phone () _____

Email _____

Parent/Guardian Name(s) _____

Work Phone () _____ () _____

Emergency Contact Phone () _____ () _____

Physician _____ Phone () _____

Insurance Carrier _____ Group/Policy Number _____

Grade in school 2016-2017 _____

Home Church _____ City _____

Any restrictions to physical activities?

Any allergies (food, drugs, insects, etc.)

List individuals other than parents or guardians who may pick up your child from Day Camp.
(Please include phone numbers)

Emergency Release

I will not hold Lutherhill Ministries or House of Prayer Lutheran Church and their staffs responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries and House of Prayer Lutheran Church permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

Parent/Guardian Signature _____ Date _____

Please note: Your child should wear play clothes, closed toe shoes, and bring a sack lunch each day. We discourage campers from bringing electronics.

For questions contact Geri Spratlin (281) 488-1675 larryspratlin@comcast.net or
Judy Willett (909) 636-7086 Willettjudy@yahoo.com.