

OFFICE USE ONLY		
Name	Date	Event

This Registration is not complete until the Health Form and Release information is filled out.

CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

Must be completed by parents or guardians of participants under 18 years old.

Please type or print legibly in black or blue ink.

REGISTRATION FORM SUMMER 2011

Please complete a separate form for each camper (this includes Little Lambs/Sheep Camp)

Camper Name _____ Birth Date ___/___/___ Age: _____
 Address _____ City _____ St _____ Zip _____ - _____
 Home Phone: _____ Cell Phone _____ Work Phone _____
 Grade completed in Spring of 2011 _____ Male Female (Please Check One)
 Home Church Name _____ City _____
 E-Mail _____ Parent/Guardian Name: _____
 (e-mail used for confirmation)

Event Information

Camp Title: _____ Camp Dates: _____

Cabin Mate 1: _____ Cabin Mate 2: _____

Lodging: (this is only for Trailblazer Weekends, & Quest Camps) tent tree house

Camp Fees:

Camp Registration Fee: (see program description)	\$ _____
Prepaid Canteen: This will be available to your camper	\$ _____
Optional Horseback riding activity (\$15)	\$ _____
Total Fee and Canteen	\$ _____
Less: Gift Certificate or congregation payment	\$ _____
Deposit: see program description or pay in full	\$ _____
Balance Due upon arrival at camp or in payments	\$ _____

Check enclosed Please charge my: Visa Mastercard

Make Check payable to:

Lutheran Island Camp and mail with registration to 45011 230th St, Henning, MN 56551

Credit Card Information: # _____ Exp. _____

Date: ____/____/____

Name on Card: _____

PARTICIPATION IN ACTIVITIES

I, the undersigned, hereby consent to participation of myself (or my minor child) in the programs, activities and events of Lutheran Island Camp, Inc., both on the camp premises and at off-site locations, including transportation to and from such off-site locations.

I hereby release and forever discharge Lutheran Island Camp, Inc., the Minnesota North District of The Lutheran Church—Missouri Synod, The Lutheran Church—Missouri Synod, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during participation in programs, activities or events sponsored by Lutheran Island Camp, Inc.

PUBLICITY RELEASE

I hereby give permission and consent to allow photographs, video images, and interviews of me (or my minor child) to be taken during participation in Lutheran Island Camp programs, activities and events. I further give permission and consent for any and all such photographs, video images, and interviews to be published by and used to illustrate and promote Lutheran Island Camp, the Minnesota North District of The Lutheran Church—Missouri Synod, and the National Lutheran Outdoors Ministry Association.

Please check one: YES NO

EMERGENCY CONTACT INFORMATION

Name of Custodial Parent or Guardian: _____ Home Ph: _____
 Address: _____ Work Ph: _____ Cell: _____
 City: _____ State: _____ ZIP: _____
 Second Emergency Contact(Different from above): _____ Primary Ph: _____
 Relationship to Camper: _____ Secondary Ph: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ ID Number: _____
 Name of Insured: _____ Relationship to Camper: _____
 Dental Insurance Company: _____ ID Number: _____
 Name of Insured: _____ Relationship to Camper: _____
 Name of Doctor: _____ Phone Number: _____
 Name of Dentist: _____ Phone Number: _____