

Mt. Calvary Kids' Camp 2024

Registration Form

Names of Campers

Date of Birth

Grade/Fall 2024

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian

Parent/Guardian

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone-Home _____

Phone-Home _____

Phone-Cell _____

Phone-Cell _____

Phone-Work _____

Phone- Work _____

Employed at _____

Employed at _____

Email _____

Email _____

School currently attending: _____

Church currently attending: _____

List any medical history, medications, allergies, specific needs/conditions of which we should be aware:

Insurance Company Name _____ Policy Group _____

Emergency Information – In case of an emergency, we will make every effort to contact you. In the event the parents are not available, please list an emergency contact.

Name _____ Relationship _____

Phone _____

List the names of people, other than parents, who may pick-up your child/children.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I understand that Mt. Calvary Kids' Camp fees are to be prepaid weekly and agree to abide by all the policies of Mt. Calvary Kids' Camp including the late fee policy.

Signature _____ Date _____

Mt. Calvary Kids' Camp 2024

Approval to Participate

Child's Name _____

Please read and check the following:

- I, the undersigned, certify that I am the parent or legal guardian of the above named child/children.
- My child/children are physically fit and able to participate in all the activities of Mt. Calvary Kids' Camp.
- I am aware that activity does pose risk of injury, and that occasionally accidents do happen. I agree to assume all risks associated with participation in day camp activities.
- I understand that all food, lunch, and snacks need to be brought from home and MCL will not be serving a morning or afternoon snack.
- I understand that MCL will do its best to lessen the spread of germs by sanitizing often and teaching children proper etiquette, but there is no guarantee that we can remain germ free.
- I understand that if any case of Covid-19 is contracted from any of the families or staff in attendance, we will follow the Health Department's recommendations in regards to closure.
- I agree to release Mt. Calvary Lutheran Church and School, Mt. Calvary Kids' Camp, and any and all members of its governing boards of any responsibility for the health, safety and well-being of the child/children named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and assumes personally and exclusively all responsibility and liability for accident or injury, which may occur to the above named child/children during the Kids' Camp program.
- In the event of a medical emergency, I authorize medical personnel attending to my child/children, to make decisions regarding immediate medical treatment as may be necessary until such time I can be consulted.
- I also give the church & school permission to use my child's photograph or video to promote the Kids' Camp program.

Signature _____ Date _____