

CAMP KOINONIA

Summer Fun



in the Sun

Summer Day Camp 2017

Registration Form

One for *each* participant, please.

This camp is for children who have completed kindergarten through completed 5th graders.

Child's Full Name _____ Name to be called _____

Date of birth: _____ Age in years _____

Grade in school (grade for 2016-17 school year) _____

Mother's Name: _____ Father's Name: _____

Address _____

Phone Number (home) _____ (work) _____

(cell) _____

Email _____

Emergency Contact(s) (please include names, numbers, and relation to your child)

Is there anything we should know about your child? (ex: this is his/her first experience away from home)

Does your child swim? _____

Does your child have any aversion to water activities?

Special interests or other activities of your child?

How did you learn about our summer camp program?

Member ____ Trinity Lutheran Academy____ Other ____
T-shirt size (Youth) Small Medium Large XL ____
(Adult) Small_____ Medium_____ Large_____

Which week(s) will your child be attending summer camp?
May 30-June 2 (4 days) ____ June 5-9 ____ June 12-16 ____ June 19-23 ____
June 26-30 ____ July 17-21 ____ July 24-27 (4 days) ____ July 31-Aug. 4 ____

VBS will be held July 10-14 from 9 am-noon. There will be no camp this week but please join us for a fun week of Bible School.

Will your child need after care from 3-6 p.m.? ____ Yes ____ No (Additional \$25/week)

Cost for each week of summer camp is \$75, due at the beginning of the week. Also, a **\$25 registration fee** is required upon sign-up to secure your spot. This fee will guarantee your child a T-shirt and offset cost of supplies. Checks can be made payable to Trinity Lutheran Church. The registration covers as many weeks as will be attended (flat \$25 regardless of one or all six weeks).

Emergency Medical Information Form

Child's Full Name: _____

EMERGENCY INFORMATION:

Health Insurance Co. _____

Policy # _____

Secondary Insurance (If applicable) _____

FAMILY DOCTOR or PEDIATRICIAN: _____

Phone number: _____

Medical History/Other Medical Information

Please circle "yes" or "no" to the following questions. If you can answer "yes" to any of the following, please explain.

Yes No Allergies? _____

Yes No Heart Condition? _____

Yes No Fainting? _____

Yes No Upset Stomach? _____

Yes No Allergic to Bee Sting? _____

Yes No Allergic to Medicines? Please name them: _____

Yes No Poison Ivy, Oak, Sumac? _____

Yes No Other Allergies? _____

Yes No Has your child had any serious illness or surgery recently (within the past three months)?

Yes No Does your child have any condition that would prevent him/her from participating in any camp activities?

Yes No Is your child a diabetic? _____

Yes No Does your child have any sight or hearing impairment?

Date of last Tetanus _____

Yes No Does your child take daily medicines *that we would need to administer*? If so please name them and give specific, detailed instructions: _____

EVERY child attending Summer Camp MUST have state form 3231 or Proof of Immunization.

****If you are a student at Trinity Lutheran Academy, there is no need to attach form 3231.**

**Trinity Lutheran Church
2535 Jefferson Road, Athens, Georgia 30607**

General Permission Slip for Summer Day Camp Events

MEDICAL RELEASE: This is to certify that _____

is physically fit to participate in summer day camp activities and has no communicable diseases apparent at this time. In the event I cannot be reached in an emergency, I hereby grant permission to the leaders to secure proper medical treatment for my child. I realize that, if necessary, the treatment may include an injection, anesthesia, or surgery.

As consideration for my child being permitted to participate in these events, I for myself, my spouse, and children (if any), and our respective legal representatives, heirs, executors, administrators, and assigns, as the case may be (collectively, "I"), hereby release and forever discharge Trinity Lutheran Church, Athens, Georgia (the "Church"), and its members, directors, officers, employees, agents and representatives (the "Church Representatives") of and from any and every claim, demand, action or right of action, of whatever kind or nature, arising from or by reason of any bodily injury (including death) arising about of any activities that my child may engage in during my child's participation in the Summer Day Camp. I further release the Church and the church Representatives from any claim whatsoever arising out of any first aid, treatment or service rendered to my child in connection with any activities that my child may engage in during my child's participation in the Summer Day Camp.

Live Plants and Animals

Trinity Summer Day Camp encourages a creative, child-directed learning experience. As we encourage children to explore different elements of nature there will be times that children are in direct contact with various plants and animals. Animal and plant contact can range from hands off observation (such as insects in a bug catcher) to holding or petting small animals through teacher directed activities. If your child has any known allergies or concerns regarding potential allergies to pets/plants make sure to provide the information on their registration form.

I hereby assume full responsibility for the risk of death, bodily injury or property damage due to my child's participation in any Summer Day Camp activities.

Signature of Parent/Legal Guardian

Date

Name of Insurance

Company _____

Policy Number _____

Child's Date of Birth_____

Other pertinent medical information

Trinity Lutheran Church

2535 Jefferson Road, Athens, Georgia 30607

Media Release Form

Throughout our summer camp experience, we delight in capturing memorable moments on camera or video. It is possible these pictures will be used in future camp flyers or on the church website. Please let us know if this is a concern.

I do allow photos of my child to be taken and shared:

I do NOT want pictures taken of my child:

Also, we will likely be using technology as a resource, both for "in-house field trips" and research. We will avail ourselves of the church media center and computer resources. If you do not wish your child to use internet sources, please indicate:

I do NOT want my child using technology while at camp:

I allow internet use:

I allow computer use, with the following restrictions: