

**Tree of Life Lutheran Church  
Day Camp Registration Form**

Camper Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

School Grade Completed \_\_\_\_\_

Parent / Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Special interests or hobbies \_\_\_\_\_

Any restrictions to physical activities \_\_\_\_\_

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

List any people and their phone numbers who may pick up your child from Day Camp

\_\_\_\_\_  
\_\_\_\_\_

Emergency Release

I will not hold Lutherhill Ministries or Tree of Life 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 Tree of Life 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.**