

Camp Salem 2009 Registration Form

Valid Registration includes:

- Form completely filled out (both sides)
- Authorization for Emergency Consent signed
- All medical, insurance and emergency info
- Payment

First Name:		Last Name:	
Preferred First Name (for name tag):			
Date of Birth:	Grade completed:	Age:	Gender: M or F
Address:	City:	State:	Zip:
Invited By:	Email:		
Home Congregation (if applicable):			

Registering For: (please check <input type="checkbox"/> all that apply)		
<input type="checkbox"/> Camp Salem (5 yrs—5th grade) 8:30 a.m.—3:30 p.m. \$50 per week; siblings \$40 \$_____	Optional Items: (please pre-order t-shirts to guarantee your size) T-shirt <input type="checkbox"/> \$10 <input type="checkbox"/> Free for inviting friend* <input type="checkbox"/> Photo CD (\$5 each) \$____ Size (circle one: "y" is youth, "a" is adult) YS YM YL AS AM AL AXL <input type="checkbox"/> Donation**: \$_____	
<input type="checkbox"/> Mini Camp (3 & 4 years) 8:30 a.m.—noon \$30 per week \$_____	<input type="checkbox"/> Youth Leadership Track (Grades 6-8; 8:30 a.m.—3:30 p.m.) \$15 per week \$_____	<input type="checkbox"/> Extended Care 7:30-8:30 a.m., 3:30-5:30 p.m. \$30 per week \$_____
<input type="checkbox"/> Wednesday Pizza Lunch \$3 per week \$_____	<input type="checkbox"/> Camp Salem Staff (Grades 9-12 who have previously worked at Camp Salem; 8 a.m.—4:00 p.m.)	Less Early Bird Discount (subtract \$5 if received in our office on or before May 1:):\$____ TOTAL: \$ _____

<i>Fill in each line</i>	★ Medical Information	<i>If none, write n/a</i>	★ Must be completed
Medication: (NOTE: if your child takes medication regularly at school, we ask that meds be taken during Camp Salem as well.)		Medication Name:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> ★ <u>Must be completed</u> </div>
		Dose / Time (if given at camp): _____ / _____	
Allergies:			
Special Needs / Diet Restrictions:			

*Campers who invite a NEW friend who registers for Camp Salem receive a free t-shirt when ordered in advance.

**Camp Salem operates from multiple sources of income: registration fees, congregational funding and other donations. Your gifts are welcome!

★ Please turn over to complete form.

Participant's Name: _____

★ Insurance Information

Insurance Company:	Phone #:
Policy Holder's Name:	Policy/ID #:
<input type="checkbox"/> I do not have medical insurance	Group #:

★ Emergency Contact Information

	Name:	Day Phone:	Evening Phone:	Cell Phone:
Mother				
Father				
Other				

PARENTS, WOULD YOU LIKE TO HELP US WITH THE WEEK?

- I can bring food for snacks one day. *(Someone will call you to let you know what to bring.)*
- I can help in the kitchen (serving snacks, cleaning up) one a.m. / p.m. *(circle one)* on _____ *(date)*.
- I can provide lunch one day for the seven young adult camp leaders on _____ *(date)*. *(Someone will call you to provide more information.)*

Authorization for Permission, Emergency Medical Consent and Medical Release

My child _____ has permission to participate in

Camp Salem, July 20-24, 2009

Any special needs or activity exclusions: _____

As the Parent (or Legal Guardian), I hereby give consent to Salem's adult youth leaders to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. I agree that Salem Evangelical Lutheran Church or its personnel will not be held responsible for accidents arising therefrom. I give permission for the use of my child's photographs or video for publicity purposes in both print and electronic media.



Parent's Signature _____

Date _____