

# Camp Salem 2011 Registration Form

**Valid Registration includes:**

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

<b>First Name:</b>		<b>Last Name:</b>	
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):			

<b>Registering For:</b> (please check <input type="checkbox"/> all that apply)		
<input type="checkbox"/> <b>Camp Salem</b> (5 yrs—5th grade) 8:30 a.m.—3:30 p.m. \$50 per week; siblings \$40 \$_____	<b>Optional Items:</b> (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"/> <b>Mini Camp</b> (3 & 4 years) 8:30 a.m.—noon \$30 per week \$_____	<input type="checkbox"/> <b>Youth Leadership Track</b> (Grades 6-8; 8:30 a.m.—3:30 p.m.) \$15 per week \$_____	<input type="checkbox"/> <b>Extended Care</b> 8:00-8:30 a.m., 3:30-5:30 p.m. \$35 per week \$_____
<input type="checkbox"/> <b>Wednesday Pizza Lunch</b> \$3 per week \$_____	<input type="checkbox"/> <b>Camp Salem Staff</b> (Grades 9-12 who have previously worked at Camp Salem; 8 a.m.—4:00 p.m.)	<b>Less Early Bird Discount</b> (subtract \$5 if received in our office on or before May 1: ):\$_____ <b>TOTAL: \$</b> _____

<i>Fill in each line</i>	<b>★ Medical Information</b>	<i>If none, write n/a</i>	<b>★ Must be completed</b>
<b>Medication:</b> (NOTE: if your child takes medication regularly at school, we ask that meds be taken during Camp Salem as well.)		<b>Medication Name:</b> _____ <b>Dose / Time (if given at camp):</b> _____ / _____	★ <u>Must be completed</u>
<b>Allergies:</b>			
<b>Special Needs / Diet Restrictions:</b>			

\*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**

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

**★ Emergency Contact Information**

	<b>Name:</b>	<b>Day Phone:</b>	<b>Evening Phone:</b>	<b>Cell Phone:</b>
<b>Mother</b>				
<b>Father</b>				
<b>Other</b>				

**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 eight 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 18–22, 2011***

Any special needs or activity exclusions: \_\_\_\_\_

I will not hold Lutherhill Ministries or Salem Evangelical Lutheran Church, their staffs or camp volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. 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 give permission to both Salem Evangelical Lutheran Church and Lutherhill Ministries for the use of my child's photographs or video for publicity purposes in both print and electronic media.

**Parent/Guardian Signature**

**Date**



\_\_\_\_\_