



REGISTRATION FORM

Please fill out the following registration sheets for each child and return to the church office at;

Redeemer Lutheran Church & School
2141 5th St.

Cuyahoga Falls, OH 44221

Please include registration fee of \$40. Cash or check made payable *Redeemer Lutheran Church*.

Child's Name: _____

Last Name, First Name

Child's Age _____ Entering Grade _____ in fall 2010
 at _____

(School)

T-shirt Size (Child Sizes) Small ___ Medium ___ Large ___ X-Large ___

Church Name: _____

City: _____

Is your child baptized? YES NO (Circle one)

Name of Parent(s)/Legal Guardian(s): _____

Address: _____

Home Phone: _____

Email Address: _____

Mother's Work Phone: _____ Mother's Cell#: _____

Father's Work Phone: _____ Father's Cell#: _____

In the event that we need to contact you during a summer camp day, what is the best and quickest way to reach you?

Additional Authorized Drop off & Pick Up/Emergency Contacts *(must provide two contacts)*

Name _____ Relationship _____

Phone # _____ Cell # _____

Name _____ Relationship _____

Phone # _____ Cell # _____

Name of friends your child would like in his/her crew;

How did you hear of Camp Voyage? (Please check all that apply.)

<input type="checkbox"/> Brochure	<input type="checkbox"/> Church Bulletin	<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Poster
<input type="checkbox"/> Web Site	<input type="checkbox"/> A Friend	<input type="checkbox"/> Mailer	<input type="checkbox"/> Other

Permission Forms: *Please complete one form per camper*

I, the parent or legal guardian of _____, age _____ and entering in fall 2009 grade _____, do hereby release **Redeemer Lutheran Church** and any and all supervisors, directors, counselors, or church, school or camp staff in the event of any accident; en route, during and returning from Camp Voyage sponsored field trips and all summer camp activities at Redeemer Lutheran. I also release in the event of any accident while walking or by transportation provided by bus (primarily Cuyahoga Falls School District) and I will pray for the safety and growth of all participants during the field trips.

Signature of parent/guardian Date

Medical Authorization

_____ has my permission to attend all summer camp

NAME OF CHILD

activities and fieldtrips sponsored by Redeemer Lutheran Church and School – Summer Day Camp, **Camp Voyage**. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Camp Voyage staff member.

Parent/guardian signature: _____ Date: _____

Please note the following food allergies, daily medications or other medical or behavioral concerns for your child:

If your child has an EpiPen, inhaler, or other medication, please label and provide to staff on the first day of camp!

Federal law mandates that we must have a copy of your child(ren)'s shot records, signed by your physician. Please indicate your physician's information below, and attach a copy of their shot records to this registration form. You may obtain a copy from your physician's office or from your school.

Primary Physician: _____ Phone # _____
Medical Insurance Policy Name and Number _____

Please provide a front and back copy of your insurance card.

Swimming

Safety is our number one concern. Certified lifeguards along with our own identified camp counselors will be vigilant in providing a safe environment while at the pool. For those families who do not want their child to swim, a playground and/or sand area are also on the park's property.

My child may go in the pool YES NO (Circle one)

For your child's safety and our knowledge, your child is a;

good swimmer fair swimmer non-swimmer

Signature of parent/guardian & Date

Photographic/Video Image Release

I hereby grant Redeemer Lutheran's Summer Day Camp and Redeemer Lutheran Church and School the absolute right and permission to use, reuse, publish and republish photographic and video materials of _____ to illustrate, promote and advertise

Name of child

Redeemer Lutheran's Summer Day Camp, Redeemer Lutheran Church and School and their programs in publications and websites. Names will not be used in print or online publications.

Signature of parent/guardian & Date