MAR-LU RIDGE Mobile Day Camp

Camp Information

Location: Grace Evangelical Lutheran Church, 21 Carroll Street, Westminster, MD 21157

Date: June 15-19, 2015

Time: 9:00am – 3:00 pm. Registration opens each morning at 8:45am in Upper Gathering Space. **Please bring a packed lunch.** Snacks provided daily. Closing Celebration ends at 3:00 pm in Grace Hall.

Who: Children who have completed Kindergarten through 5th Grade.

Cost: $60/child for the entire week. Please include payment with your registration. Make checks payable to Grace Lutheran Church, memo: MLR Day Camp.

To Register: Complete registration form below and return to your church representative with registration fee. Advance registration required. **Registration due June 5, 2015**

Individual Camper Registration Form

Name of Camper

Birthdate: _____

Address, City, State, Zip: _____

_____

Gender: _____ Grade 2014-2015: _____ Age: _____ Home Church: _____

Parent/Guardian Name(s): _____

Home Phone(s): _____ Work Phone(s) _____ Cell Phone(s) _____

Email: _____

Optional: Please check the appropriate line:
___ American Indian   ___ Asian/Pacific Islander   ___ Black/African American   ___ Hispanic/Latino
___ White/Caucasian   ___ Prefer not to answer

Emergency Contact Information

1. Name: _____ Phone: _____

   Address: _____ Relationship: _____

2. Name: _____ Phone: _____

   Address: _____ Relationship: _____

The Following person(s) is/are permitted to pick up my child from Day Camp:

1. _____   3. _____

2. _____   4. _____

DO NOT release my child to the following person(s): _____

1. _____   2. _____

Parent Permission

To the best of my knowledge, this health history is correct and complete. I hereby give permission for use of photos of my child to be used in promotion. I hereby give permission for the above named child to participate in all MLR Day Camp activities.

_____   _____

Parent/Guardian Signature   Date   Please Print Name

Required Health Information

Doctor's Name:_____

Dentist's Name: _____

Doctor's Phone: _____

Dentist's Phone: _____

Your Medical Insurance Carrier:

Name of Policy Holder:

_____   _____

Group Number: _____   Policy Holder's No.: _____

List any disability or recurring illness: _____

Note any activities to be limited: _____

Specify any dietary concerns or limitations: _____

Indicate current medication or medical treatment:

Note: All medications sent to camp <u>must</u> be in the original containers and given to the Director.

	Name	Dosage
1.		
2.		
3.		

Note all allergies:

Bee
Stings: _____ Aspirin: _____ Penicillin: _____ Peanuts: _____ Other: _____

Immunization Record – Please note the dates of the following immunizations:

DTP: _____ Tetanus/Diphtheria: _____ Tetanus: _____ Varicella (chicken pox): _____

MMR: _____ Haemophius Influenza B: _____ Hepatitis B _____ Polio: _____

Please clarify anything else that might help the Day Camp staff regarding your child, especially related to behavioral, physical, emotional, or mental health:

_____

Authorization of Treatment

In the event I cannot be reached, I give permission for the staff of this Day Camp to order X-rays, routine tests and medical treatment for my child until I can be present or involved in the care. I give permission for camp staff to administer medication as listed further on this form

_____   _____
Parent/Guardian Signature   Date   Please Print Name

MAR-LU
RIDGE

Mar-Lu-Ridge welcomes all people to a mountaintop experience of Christian community that changes lives, makes disciples, builds friendships and encourages care of God's creation.

For office use:

Registration Fee received $_____

Date Received: _____