

# SJB YOUTH IN ACTION CAMPER REGISTRATION FORM 2019

Please fill out form completely, **PRINT** legibly, and use a pen

| HOUSEHOLD INFORMATION – PARENT/GUARDIAN  |  |                    |        |   |  |  |  |   |   |                |    |      |  |
|--|--|--------------------|--------|---|--|--|--|---|---|----------------|----|------|--|
| FULL NAME  |  |                    |        | RELATIONSHIP TO CHILDREN  |  |  |  |   |   |                |    |      |  |
| PHONE NUMBER/S   |  |                    | E-MAIL |   |  |  |  |   |   |                |    |      |  |
| MAILING ADDRESS – STREET, CITY, STATE, ZIP   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| WHERE DO YOU WORSHIP? (NAME OF CONGREGATION, IF ANY)   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| EMERGENCY INFORMATION/RELATIONSHIP TO CHILDREN   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| FULL NAME  |  |                    |        | / RELATIONSHIP TO CHILDREN  |  |  |  | PHONE NUMBER                                  |   |                |    |      |  |
| CAMPER #1 – INFORMATION + CAMP PREFERENCE/BEFORE CARE/AFTER CARE SELECTION                   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| FULL NAME  |  |                    |        |   |  |  |  | GENDER  |   | M              |    | F    |  |
| DATE OF BIRTH  |  | AGE AT CAMP        |        | GRADE   |  | T-SHIRT SIZE CHILD                             |  | S   | M | L              | XL |      |  |
| <input type="checkbox"/> SESSION 1 MAY 30  |  | \$85               |        | FOR CHURCH SHOOTING STARS GRADE 3 – 5 MISSION OUTREACH TRIP GALVESTON/LUTHERHILL  |  |  |  |   |   |                |    | \$   |  |
| <input type="checkbox"/> SESSION 2 JUNE 3–7  |  | FREE WILL OFFERING |        | COME AND PLAY – 1PM – 5PM (FOR GRADE ENTERING K – 5 IN FALL 2019) (AT THE CHURCH) |  |  |  |   |   |                |    | \$ 0 |  |
| <input type="checkbox"/> SESSION 3 JUNE 10–14  |  | \$85               |        | CAMP HOPE SESSION   |  | <input type="checkbox"/> BEFORE CARE 7:30–9:30 |  | <input type="checkbox"/> AFTER CARE 3:30 5:30 |   | \$20           |    | \$   |  |
| <input type="checkbox"/> SESSION 4 JUNE 17–21  |  | \$85               |        | CAMP HOPE SESSION   |  | <input type="checkbox"/> BEFORE CARE 7:30–9:30 |  | <input type="checkbox"/> AFTER CARE 3:30 5:30 |   | \$20           |    | \$   |  |
| <input type="checkbox"/> SESSION 5 JUNE 23–27  |  | FREE WILL OFFERING |        | VACATION BIBLE SCHOOL – 5:30PM – 8:15PM (AT THE CHURCH)                           |  |  |  |   |   |                |    | \$ 0 |  |
| CAMPER #2 – INFORMATION + CAMP PREFERENCE/BEFORE CARE/AFTER CARE SELECTION                   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| FULL NAME  |  |                    |        |   |  |  |  | GENDER  |   | M              |    | F    |  |
| DATE OF BIRTH  |  | AGE AT CAMP        |        | GRADE   |  | T-SHIRT SIZE CHILD                             |  | S   | M | L              | XL |      |  |
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| CAMPER #3 – INFORMATION + CAMP PREFERENCE/BEFORE CARE/AFTER CARE SELECTION                   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| FULL NAME  |  |                    |        |   |  |  |  | GENDER  |   | M              |    | F    |  |
| DATE OF BIRTH  |  | AGE AT CAMP        |        | GRADE   |  | T-SHIRT SIZE CHILD                             |  | S   | M | L              | XL |      |  |
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| CAMPER #4 – INFORMATION + CAMP PREFERENCE/BEFORE CARE/AFTER CARE SELECTION                   |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| FULL NAME  |  |                    |        |   |  |  |  | GENDER  |   | M              |    | F    |  |
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| CAMP FEE CALCULATOR  |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| SUB TOTAL OF ALL ABOVE (SESSION/S + BEFORE OR AFTER CARE)                                    |  |                    |        |   |  |  |  |   |   | = \$           |    |      |  |
| FAMILY DISCOUNT (IF YOU ARE REGISTERING MORE THAN ONE CHILD – \$20 PER WEEK)                 |  |                    |        |   |  |  |  |   |   | – \$           |    |      |  |
| EARLY BIRD DISCOUNT \$10 PER CHILD   |  |                    |        |   |  |  |  |   |   | NEW TOTAL = \$ |    |      |  |
| 50% NON-REFUNDABLE DEPOSIT DUE WITH THIS FORM (NO REFUNDS AFTER 1 <sup>ST</sup> DAY OF CAMP) |  |                    |        |   |  |  |  |   |   | PAY NOW        |    | \$   |  |
| * MAKE CHECKS PAYABLE TO: <b>ST. JOHN LUTHERAN DAY CAMP</b>                                  |  |                    |        |   |  |  |  |   |   | BALANCE DUE    |    | \$   |  |
| * MAILING ADDRESS: CAMP HOPE, 520 N HOLLAND STREET, BELLVILLE, TX 77418                      |  |                    |        |   |  |  |  |   |   |                |    |      |  |
| * IF CAMP SESSIONS ARE FULL, THEN CAMPERS WILL BE ADDED TO WAITING LIST                      |  |                    |        |   |  |  |  |   |   |                |    |      |  |

### PARENTS/GUARDIAN AUTHORIZATION

The child(ren) registered on this form have my permission to participate in Camp Home Ministries, Inc. during indicated sessions. I agree that St. John Lutheran Church and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for St. John Lutheran Church, Camp Hope Ministries, Inc., and/or the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles any photographs, videos, audios, or other material in which my child may have appeared, spoken, written or otherwise been represented; for my child to be transported in Camp/Church/Events and privately-owned vehicles for approved out-of-Camp/Church/Events activities. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself." I know that violation of this covenant can and will result in my child being removed from the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Camper Health History and Statement Form

Please return to the church ONE FORM PER CHILD/CAMPER

## CAMPER NAME

FULL NAME \_\_\_\_\_ GENDER  M  F

## HEALTH INSURANCE INFORMATION (IF NONE, PLEASE INDICATE AS N/A)

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

## HEALTH HISTORY

**ALLERGIES:** Any known allergies to food, drugs, or plants?  Yes  No **If yes, please explain:**  
\_\_\_\_\_

**DIET RESTRICTIONS:** Does your child have any diet restrictions/special dietary needs?  Yes  No **If yes, please explain:**  
\_\_\_\_\_

### MEDICATION:

- The camper will not take any daily medications while attending camp  
 The camper will take the following daily medication while at camp

| Medication | Reason for taking it | Dosage | When it is given | Other Comments |
|------------|----------------------|--------|------------------|----------------|
|            |                      |        |                  |                |
|            |                      |        |                  |                |
|            |                      |        |                  |                |

\* **Medication must be in original container.** If your child takes any form of medication regularly during school, we request that it be taken during Camp Hope as well.

## HEALTH STATEMENT PARENT SECTION

My child has been seen by a physician/healthcare provider in the past 12 months and is able to participate in the camp's program without limitations. I verify that all immunizations are current for the above-named child

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## ADDITIONAL COMMENTS (THINGS YOU WANT TO HIGHLIGHT MORE, AND YOU THINK WE NEED TO KNOW)

\_\_\_\_\_