



**Discovery Camp**  
**Grace Lutheran Church**  
**June 26-30, 2017 9:00 am -12:00 pm**  
**(One form per child, please)**



Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Grade **completed**: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

**Shirt Size --- Please Circle One**

Youth S M L

Adult S M L XL XXL

Parent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

**\* Only the names listed on this paper are authorized to pick up the child listed above from Discovery Camp. \***

*Medical Release:* I give my permission for the Discovery Camp staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the Discovery Camp staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

*Photo Release:* I hereby grant the above named church permission to copyright and use photographs/videos taken at Discovery Camp of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith or the use to which it may be applied.

*Permission to Attend:* I give permission for my child (named above) to attend the Discovery Camp listed above.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date