



Discovery Camp
Grace Lutheran Church
June 27- July 1, 2016 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