

CAMPER REGISTRATION FORM

CAMP HOPE

NOTES:

Early Bird Savings

Only \$75 per week per camper

If you register by: July 15

Week 1 is Aug. 9-13

Week 2 is Aug. 16-20

Camp Hope is 9:30 am – 3:30 PM

Ages 4-5th grade

Camper's Name: _____ Gender: Male Female

Date of Birth: (mm/dd/yy) ___ / ___ / ___

T-Shirt Size
(please circle one)

Age / Grade Completed: _____ / _____

Child **S** **M** **L**
Adult **S** **M** **L** **XL**

Medication: _____ Dose / Time: _____ / _____

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. Allergies or Diet Restrictions:

Attending Camp Hope Week (s) _____ rate per week \$ 100

Check all that apply

Early Bird weekly rate \$ 75

Week 1 _____

Week 2 _____

Attending Before Camp (BC) and/or After Day (AD)

Before Camp & After Day are each \$20 per week

Before Camp (BC) _____

After Day (AD) _____

Hot Lunch — Wednesday Only

Cost is \$ 2 for each week

Menu: _____

Week 1 Week 2

Sibling Discount

If you are registering more than one child, you receive a **\$5 per week sibling discount for each child.**

Total \$\$ Due

50% NON-REFUNDABLE Deposit

(Please attach payment to this form)

Balance Due

(on the first Day of each camp week)

Scholarships available by request.

Make Checks payable to Good Samaritan Lutheran Church

CAMPER REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Do not leave any blanks empty—for your child's safety

Name of Parents

Home#

Mom Wk/Cell#

Dad Wk/Cell#

Address

City

State

Zip

Email Addresses / Names

Home Church

Insurance Company (if none, please indicate as n/a) Policy#

Phone :

Dr.'s Name

Phone:

Emergency Contact if parent cannot be reached. Please list daytime numbers.

Name

Phone

Relationship

Name

Phone

Relationship

The child registered on this form has my permission to participate in Camp Hope during indicated sessions. I agree that Good Samaritan 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 Good Samaritan Lutheran Church, Camp Hope 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. 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.

Parent or Guardian Signature / Date

