

Registration Form 2012

Enroll online: www.concordiadaycamp.org | Enroll before March 31 to receive last year's rates

Camper's Name		T-Shirt Size	
Grade (September 2012)	Age	Date of Birth	Gender (Male/Female)
Parent/Guardian's Name(s)			
Address		City	State Zip
		()	()
Email	Home Phone		Cell Phone

MEDICAL

ALL campers must have immunization records attached to Registration Form.

My child has been examined by a physician within the past year. The physician's recommendation and any restrictions are listed below. There is no apparent physical or emotional condition which would limit participation in camp activities.

Physician's recommendation and/or restrictions		
Medications		
()		
Physician's Name	Address	Phone

RELEASE FORM

This Release Form is for June 11–August 17, 2012

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Concordia College to attend to my child. I expect that every effort will be made to contact me in order to receive my specific authorization before any hospitalization. I understand that campers are required to have their own comprehensive health and hospitalization insurance.

Emergency Phone Numbers: (please include 2 emergency contacts)

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1. Name	Home or Work Phone	Cell Phone	Relationship
()		()	
2. Name	Home or Work Phone	Cell Phone	Relationship

STATE LAW REQUIRES TWO PHONE NUMBERS. Please indicate two phone numbers where you and/or a designated emergency contact person can readily be reached during camp hours (8:00am–6:00pm).

PARENT CONSENT

As the parent or guardian of the applicant, I give Concordia Day Camp the right to retain and use any photographs or video tapes of the campers, taken at camp for publicity or advertising.

Where did you hear about CONCORDIA DAY CAMP?

Flyer Friend School Previously attended CONCORDIA DAY CAMP

Online Search www. _____ Magazine or Newspaper Ad _____

