

2019  
Trinity Lutheran Church Day Camp Registration Form  
Entering 1<sup>st</sup> – 6<sup>th</sup> grades  
9:00 am to 2:30 pm

**Please return by June 7** in order for us to have adequate materials on hand

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M/F Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Home Church/City \_\_\_\_\_

Registering for: Vacation Bible School Day Camp from June 17-20, 9 am to 2:30 pm.  
Bring sack lunch. Cost \$10 per child/\$25 per family of 3+ children

Signature of parent/guardian of camper \_\_\_\_\_ Date \_\_\_\_\_

I agree that the church and its staff will not be held responsible for accidents or personal injury.

Parent/guardian signature \_\_\_\_\_

This camper is not covered by family medical/hospital insurance. I/we will cover the cost of health care for my child, should the need arise while my child is attending camp.

Parent/guardian signature \_\_\_\_\_

You have my PERMISSION TO USE MY CHILD'S PICTURE on bulletin boards at church, Facebook and on Trinity's web site.     Yes     No

Parent/guardian signature \_\_\_\_\_

If there is someone other than yourself bringing or pick up your child, please indicate

\_\_\_\_\_

**TRINITY LUTHERAN CHURCH**

1229 Kathy Lane, Webster City, IA 515-832-2220