

## 2022 LUTHER CREST DAY CAMP REGISTRATION FORM

CAMPER NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

GRADE JUST COMPLETED BY CAMPER (circle one) PreK K 1 2 3 4 5

I give my permission for my child to participate in Luther Crest's Day Camp, to take part in the normal activities, and I authorize the camp doctor to provide any necessary emergency medical care. I understand Luther Crest assumes secondary insurance coverage; the camper's family assumes primary coverage. I also give Luther Crest permission to use any photograph of my child taken at camp in future promotion of Luther Crest.

\_\_\_\_\_  
Parent's Signature

- \_\_\_\_\_ I would like to be a Day Camp Volunteer.  
\_\_\_\_\_ I would like to bring an extra lunch for a counselor.  
\_\_\_\_\_ I would like to have the Luther Crest Day Camp Team at my home for supper.
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