

Vacation Bible Day Camp

REGISTRATION FORM

JUNE 21 - 24, 2009

MAIL TO: **Immanuel Lutheran Church**
Attn. Cami Koepke
707 W. Fort St., Boise, ID 83702
(208)344-3011

Please copy and complete this form
for each child registering

Camper: _____ **Grade entering in Fall 2010** _____

Camper's Address _____ **Date of Birth** _____

Parent or guardian Name _____ **Parent or guardian Address** _____

E-Mail _____ **Family's Place of Worship** _____

Home Phone _____

Cell Phone _____

Please Check ways you can help with Vacation Bible Day Camp:

- _____ We can provide adult assistance one (or more) day(s) at camp.
_____ We are willing to car pool so a child of working parents can attend camp.
_____ We can donate \$ _____ for a campership or necessary supplies.

Registration Fees:	Full Day Camp Individual	\$70.00	_____
	Full Day Camp Family	\$140.00	_____
	Total Enclosed (including campership donation)		_____

Medical Information & Release

If I am not available in the case of an emergency, please contact _____
Relationship _____ Phone _____
Camper's Doctor _____ Phone _____
Camper's Dentist _____ Phone _____
Any Disability or recurring illness? _____
Allergic reactions? _____ Bee Sting _____ Penicillin _____ Aspirin _____ Food (name) _____
Other medication (name) _____ Other allergies _____
Current medication or medical treatment _____
Dietary concerns: _____
Date of last Tetanus Booster _____

In the event of an accident or injury requiring medical attention, your personal insurance will be considered the primary carrier. Insurance company name and address _____
Policy Number _____

In the event I cannot be reached, I give permission to medical personnel to render emergency medical treatment for my child, _____. Further, I give my permission of qualified physician to secure proper treatment including injection, x-rays, Anesthesia, and/or surgery for my child.

Signature of Parent _____ Date _____

Please write other pertinent comments about your child to the camp staff on a separate piece of paper