

CAMPER REGISTRATION FORM

Camp Galilee at The Lakes

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|-------------------------------|-------------------------------|--|
| Camper's Name | | T-Shirt Size (please circle one) |
| Gender: | Male Female | Child S M L |
| Date of Birth: | (mm/dd/yy) ____ / ____ / ____ | Adult S M L XL |
| Age / Grade Completed: | _____ / _____ | |
| 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 Galilee as well. Allergies or Diet Restrictions:

Attending Camp Galilee Week (s) rate per week \$100.00

- Check all that apply*
 Week 1, July 13-17, Music & Drama Day Camp
 Week 2, July 20-24, El Camino Pines Day Camp

Attending Before Camp (BC) and/or Before Camp & After Day
After Day (AD) are \$20.00 each per week
 Before Camp (BC) _____
 After Day (AD) _____

Total \$ Due _____

(Please attach 50% payment to this form—make checks payable to The Lakes Lutheran Church)

Balance Due _____
 (on the first Day of each camp week)

Mailing Address:
 The Lakes Lutheran Church
 8200 W Sahara Ave
 Las Vegas, NV 89117
 Phone: 363-2515
 Fax: 233-3610
 Web site: www.thelakeslutheran.org

CAMPER REGISTRATION—SIDE B

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

Camp Galilee at The Lakes

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|---|-----------------------------------|--------------|
| Name of Parents | Home# | |
| Mom Wk/Cell# | Dad Wk/Cell# | |
| Address | Zip | |
| Email Addresses / Names | | |
| Home Church | | |
| Insurance Company Policy # | (if none, please indicate as n/a) | Phone |
| Dr.'s Name | | Phone |
| Emergency Contact if parent cannot be reached—please list daytime numbers. | | |
| Name | Phone | Relationship |
| | | |
| | | |

The child registered on this form has my permission to participate in Camp Galilee during indicated sessions. I agree that The Lakes Lutheran Church, El Camino Pines Bible Camp, 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 The Lakes Lutheran Church, El Camino Pines Bible Camp, 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

NOTES: