

# DAY CAMP REGISTRATION AND HEALTH FORM <sup>25</sup>

For VBS 2019, TLC Avoca, IA with programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.  
Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO YOUR LOCAL DAY CAMP DIRECTOR.

## Personal Information

Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birth Date / /

Age: \_\_\_\_\_ Sex: M / F 1st time day camper? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

Siblings attending Day Camp: \_\_\_\_\_

Church (if different from host Church): \_\_\_\_\_ City: \_\_\_\_\_

## General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: \_\_\_\_\_

Allergies (i.e. food allergies, bee stings, etc.) \_\_\_\_\_

Dietary restrictions (i.e. vegetarian, lactose intolerant): \_\_\_\_\_

Other suggestions that may help make your day camper's week more comfortable and enjoyable:

Medications (please list kinds and dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 **All pertinent medication must be brought to the local Day Camp Director in their original containers.** 

## Insurance Information

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Holder's Name: \_\_\_\_\_

## Immunizations (circle or choose Yes or No)

DPT (series of 3) Yes or No

Polio Immunization Yes or No

MMR (Measles/Mumps/Rubella) Yes or No

Date of last Tetanus \_\_\_\_\_

## Permission

I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes.

X

Parent/Guardian Signature \*\* By typing a parent/guardian name here, you are confirming their approval via e-signature \*\*

Date

# DAY CAMP COVENANT

**For VBS 2019 located at Trinity Lutheran Church of Avoca, IA:**

As a participant in Day Camp and as a child of God,  
I understand and agree to the following expectations:

- I will choose to participate fully in Day Camp.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- I will choose to listen to the Day Camp leadership team and volunteers.
- I will choose to use my words to build others up or I will choose to be quiet.
- I will not bring harm to myself. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where Day Camp is held.
- I understand that if I damage other peoples' property, I am responsible for replacing/repairing it.

\*\* I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted and I will be sent home.

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Day Camper's Signature *\*\* By typing a day camper's name here, you are confirming their approval via e-signature \*\**

\*\* I have read this Conduct Covenant and enter into it with my child. I will encourage my child to abide by it. I understand that should my child choose to break this Covenant, every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted.

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Parent/Guardian Signature *\*\* By typing a parent/guardian name here, you are confirming their approval via e-signature \*\**