

Shetek Lutheran Ministries VBS Camper Registration and Health Form 2019

Camper's Name: _____ M or F (circle one)

Age: _____ Grade Entering in Fall 2019: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian Name: _____

Home email: _____

Phone #: _____ Home Congregation: _____

Names of those picking up camper: _____

In Case of Emergency

Emergency Contact (after primary): _____

Relationship to camper: _____ Emergency contact phone: _____

Alternate Contact: _____

Relationship to camper: _____ Emergency contact phone: _____

Family Physician: _____ Phone: _____

Indicate any special physical, dietary, or emotional needs here: _____

Current Medications: _____

Authorization by Parent/Guardian: I hereby give my permission for my child to participate in Day Camp and activities planned by the SLM staff for the day camp program. Shetek Lutheran Ministries may use any pictures or videos that my child appears in for promotional purposes. I also authorize delivery of necessary emergency care by available medical personnel as needed.

Parent/Guardian Signature: _____ Date: _____

Please choose t-shirt size for your child:

Youth t-shirts

_____ extra small (2-4)

_____ small (6-8)

_____ medium (10-12)

_____ large (14-16)

Adult t-shirts

_____ small

_____ medium

_____ large

_____ x-large



*** Please return this form with payment (checks made payable to Christ the King (Catholics) or your home congregation (Lutherans)) and mail to: Nancy Krog, 2642 County Hwy 7, Arco, MN 56113 **BY MAY 1.** ***