

# HOLY CROSS LUTHERAN CHURCH

## Youth Registration Form



**2019 Bible Day Camp**  
at Holy Cross Lutheran Church, 7307 N. Nevada, Spokane, WA 99208  
**August 11-15, 2019 • Ages 3 to Grade 6**  
Sunday from 4-7 p.m. and Monday-Thursday from 9 a.m.-Noon

**Join us daily for music, crafts, Bible lessons, snacks, and games!**

Pre-register and order a T-shirt by completing the forms below and returning them to the church office. **There is no cost!** Please register early so that we can plan accordingly.

**Please Note:** A separate registration form must be completed for each child attending BDC. It is important that all information be completed—**Both Sides**. Additional forms may be photocopied or obtained from the church office.

**INVITE EVERYONE YOU KNOW! FRIENDS, NEIGHBORS AND RELATIVES!**



**Optional Fun Activity Schedule:**  
We will have special clothing days for those who wish to participate.  
This is the schedule if you would like to plan ahead.  
**Monday**—Hat Day  
**Tuesday**—Camp T-shirt Day  
**Wednesday**—Inside Out / Backwards Day  
**Thursday**—Hiking/camping Day



### BDC REGISTRATION FORM

*\*Please Print Clearly*

Child's Name \_\_\_\_\_

School grade for next year \_\_\_\_\_ Age \_\_\_\_\_ Male Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Home: \_\_\_\_\_

Emergency Contact with Phone #: \_\_\_\_\_

\_\_\_\_\_

Person responsible for picking up child: \_\_\_\_\_

\_\_\_\_\_

Any additional information that we need to know about your child, concerning allergies, medications, or other special needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

### BDC T-SHIRT ORDER FORM

Order your Bible Day Camp T-shirts early! Kids and volunteers will receive T-shirts, but early registration is preferred as there will be limited sizes available. Please don't delay!!

*Please circle size needed:*

**Child Sizes:** XS (2-4) S (6-8) M (10-12) L (14-16)

**Adult Sizes:** S M

**Important:**

*One form per child. Copies may be made of this form if needed.*

## Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Epi-Pen (circle one) Y / N

Medication(s) currently being taken \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance ID number \_\_\_\_\_

Description of any limitations or restrictions on camp activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Permission and Liability Release

### Parent/Guardian Authorizations & Liability Release:

I have requested that Lutherhaven Ministries & Holy Cross Lutheran Church enroll my child/ward, as named above, as a participant in an activity-based camp, program or activity sponsored by Lutherhaven Ministries & Holy Cross Lutheran Church at one of its camps or sites. As a condition of participating or allowing my child to participate in this camp, program or activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

#### Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this camp, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

#### Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Lutherhaven Ministries & Holy Cross Lutheran Church to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

#### Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness in brochures, ads, web pages, video tape and other media as deemed useful by Lutherhaven Ministries & Holy Cross Lutheran Church for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name of parent/guardian (please print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_