

# Day Camp Registration and Health Form

For Underwood Lutheran Church 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.

## 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: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Immunizations (circle 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 \_\_\_\_\_

\_\_\_\_\_ Date

# ***DAY CAMP COVENANT***

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

\*\* 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