



2024 Day Camp Registration Form

For: Community of Joy Lutheran Church

Please fill out all information completely. Personal information will not be shared with organizations other than church and camp. You will not receive mailings from RTALC based on information shared here unless you check that you would like to below.

Camper Name: _____ Gender _____

Parent/Guardian Name(s): _____

Address: _____ Grade Entering in Fall: _____

City: _____ State: _____ Zipcode: _____

Phone: (____) _____ Emergency Phone: (____) _____

Email Address: _____

Our Child has permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation (Church). We agree that the Camp, Church, and their personnel will not be held responsible for accidents arising therefrom. I give Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. I also given permission for photos, video, and electronic images to be taken of me or my child and used for by the Camp or Church for promotional purposes without compensation, inspection or approval.

Parent/Guardian Signature _____ Date _____

Yes I would like to receive information about Rainbow Trail Lutheran Camp's Programs!

Rainbow Trail Lutheran Camp

2024 Day Camp Health History Form

**This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____
(last) (first) (middle initial)

Birthdate: _____ Age _____ Gender _____

Home Address _____

Parent/Guardian _____
Preferred Phone: (____) _____ Other Phone: (____) _____

Parent/Guardian _____
Preferred Phone: (____) _____ Other Phone: (____) _____

If unavailable in an emergency, please notify _____
Relationship _____ Phone: _____

Do you carry medical/hospital insurance? Yes ___ No ___ If so, please indicate:
Carrier _____ Group/policy number _____
Name of physician _____ Phone number _____
Date of last immunization for: Tetanus _____; DPT _____; Polio _____;
Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

- | Conditions | Diseases | Allergies |
|---------------------------------|--------------------|----------------------------|
| ___ Frequent ear infections | ___ Chicken Pox | ___ Hay Fever |
| ___ Heart disease/defect | ___ Measles | ___ Ivy Poisoning, etc. |
| ___ Convulsions/seizures | ___ German Measles | ___ Insect Stings |
| ___ Diabetes | ___ Mumps | ___ Penicillin |
| ___ Bleeding/clotting disorders | | ___ Other drugs |
| ___ Hypertension | ___ Asthma | ___ Psychiatric counseling |
| ___ Mononucleosis | | |
- Other: _____

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates)

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____

____ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian

Signature _____ Date _____

Signature of

Witness _____ Date _____

Camper's Signature _____