

**YOUTH VOLUNTEER REGISTRATION FORM**  
*(Youth Volunteers must have completed 6th grade)*  
**BEAUTIFUL SAVIOR LUTHERAN CHURCH DAY CAMP**  
 June 26-30, 2017  
*Time commitment: M-F 8:30am- 12:30pm daily (1/2 hour before/after day camp)*  
*Tentative: M-Th. 12:30- 3:30 Junior Counselor Activities w/ Lutherhaven Staff*

**AVAILABILITY**

June 26-30: M T W Th F (circle all that apply)

If not available the whole time, list times you will NOT be able to be here:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: \_\_\_\_\_ Gender: Male / Female

T-Shirt Size: S M L XL XXL (circle one)

Home Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of custodial parent(s)/guardian(s) (if applicant is under the age of 18):

\_\_\_\_\_

Parent(s)/Guardian(s)' Home address (if different from above)

Street Address: \_\_\_\_\_

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

In case of emergency, my parent(s)/guardian(s) can be reached by phone at:

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

If the above named are not available in an emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

## Medical Information:

PLEASE INCLUDE A PHOTO COPY OF THE FRONT AND BACK OF INSURANCE CARD!

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

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

Food & Other Allergies: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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

## Permissions & Liability Release

I have requested that myself or my child/ward, as named above, has my permission to participate in an activity-based day camp, program, or activity sponsored by Lutherhaven Ministries at Beautiful Savior Lutheran Church. As a condition of participating in this camp, program, or activity, I, the undersigned, do hereby agree on behalf of myself or my child/ward, as named above, to the following:

### Known & Unknown Risks

I understand that my or 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 of Beautiful Savior Lutheran Church 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 I or 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 myself or my child/ward.

### Medical Release

I consent to first aid and emergency medical care for myself or 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 myself or my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Beautiful Savior Lutheran Church and/or Lutherhaven Ministries 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 or my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful by the camp 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 (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day Camp 2017  
Beautiful Savior Lutheran Church & Lutherhaven Ministries  
Additional Liability Release

I or my child/ward \_\_\_\_\_  
agree to participate in a Lutherhaven Ministries-sponsored week-long Day Camp.

I understand that this day camp will take place at Beautiful Savior Lutheran Church in Spokane, Washington.

Rigorous physical activity, including but not exclusive of doing crafts, playing games, actively moving in large groups, playing water games outside, walking, jumping, and running may be a part of this event.

I understand that while Beautiful Savior Lutheran Church makes every effort to keep children with food/other allergies safe, there is always a chance that there may be exposure to an allergen such as peanuts, tree nuts, peanut butter, wheat, milk, and other allergens that may be present in the snacks the church provides. I agree to address any allergy concerns I or my child/ward have with the Day Camp Coordinator ahead of time and that I agree to bring appropriate snacks for myself or my child to eat.

I understand that I shall provide primary accident and medical insurance for myself or my child/ward, and that this coverage will be in effect during the time period covered of this event.

I release and forever discharge the Lutheran Church-Missouri Synod (LCMS), the LCMS District and Congregational Services and Youth Ministry Offices, Lutherhaven Ministries, and Beautiful Savior Lutheran Church, their employees and all other representatives from damages and causes of action either at law or in equity that I may have as a result of my or my child's/ward's participation in or travel to and from this day camp.

I, the undersigned hereby acknowledge that I have read the foregoing and understand its contents, and have signed the same as my own free act or on behalf of my child/ward.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_