

Trinity Lutheran Church Rainbow Trail Day Camp 2009 Camper Registration Form

How to sign up for camp:

1. Complete this form - front and back - one per child. (Note: This form must be **completed in full** by a parent/guardian **before camp begins** in order for the camper to participate.)
2. Complete "Call for Volunteers" form from inside the "Join the Fun" pamphlet - if you want to help.
3. Make a check out to Trinity Lutheran Church for payment. Please write "Day Camp" in the memo line. (See inside "Join the Fun" pamphlet for fees and deadline details.)
4. Return completed forms and check to Trinity Lutheran Church at 2200 Broadway, Boulder, CO, 330-442-2300. If mailing, please put to the attention of Day Camp.

Camper Registration Information

Camper Name _____ Male ___ / Female ___ Grade in Fall _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Home Church (if applicable) _____ City _____

"I am interested in the policies and programs of Rainbow Trail Lutheran Camp and give my child permission to participate in all activities from June 22 to June 26, 2009. I agree that Rainbow Trail will not be held responsible for accidents or persons injured arising there from. I also understand my photo or my child's photo may be taken for use in camp promotional literature. I waive the right to inspect or approve the photo if used for such purposes."

Parent/Guardian Signature _____ Date _____

Release of Liability/Permission Contract

Camper's Full Name _____

Parent/Guardian Full Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

I, the undersigned parent or guardian of _____, a minor, do hereby give permission for him/her to participate in Rainbow Trail Day Camp running from June 22 to June 26, 2009 at Trinity Lutheran Church. My child also has permission to ride with the provided adult transportation for this trip.

I understand the risks involved with this trip and, in the case of an emergency; I understand that every effort will be made to contact me. However, if I cannot be contacted at the time of injury, I do hereby consent to any x-rays, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I consent to give temporary guardianship to Gail Skinner, or other adult advisor present. I understand that I, the parent/guardian of the child, am responsible for all the charges of the above-mentioned diagnosis, treatment, and/or hospital care. I also agree not to hold Trinity Lutheran Church, or any of the adult sponsors liable for injuries that my child receives.

Parent/Guardian Signature _____ Date _____

For internal use only: received (date) _____ check # _____

