

Week at Peace / Camp F.U.N. - Registration Form

Event _____

Participant Name _____ Birth Date _____

Address _____

City _____ Zip Code _____

Home Phone _____

Email address _____

Parent/s _____

Parent Cell Phone/s _____

During this event, if parents are not available in the event of an emergency, please notify:

Name _____ Phone _____

Relationship to child _____

Please indicate any health concerns/problems and precautions to take*: _____

Please list any allergies (food, drugs, insect bites, etc.) _____

Are there medications we should know about (name, dose, schedule) _____

PARENT AUTHORIZATION: I give permission for my child to participate in the above named event. In the event of a medical emergency, I understand every effort will be made to contact the parents/guardians of the youth. If I cannot be reached, I hereby give permission to the medical personnel selected to hospitalize, to secure proper treatment for to order injection, anesthesia, or surgery for my child named on this form, as necessary.

* On overnight trips, we will also need a copy of health insurance information.

Signed _____ Date _____

If there is a cost involved with this event, please make your check payable to "Peace Lutheran Church" for the total amount due. Thank you!