Community Lutheran Church Day Camp

July 9th-July 13th, 2018

30322 Via Con Dios, Rancho Santa Margarita, CA





Child's name(s) (One per family)

Ages(s) ______Grade(s)/class in Fall ______

How did you hear about Day Camp?

Names and phone number allowed to pick up child______

SPONSOR A CHILD FOR \$35 \square (We love to make Day Camp affordable for all children. Consider sponsoring a child. Thank you for your prayerful consideration)

In case of a medical emergency, Community Lutheran Church is authorized to call 911 for emergency medical treatment. Signature of Parent/ Guardian_____

Please turn forms into the Community Lutheran Church office, for questions please contact **Josiah** at **Josiah**clcrsm@gmail.com or (949) 858-0307

(Release form on back)

Parent/Guardian Authorization & Release Form for Emergency Medical Treatment Photo and video release form

Photo and vide	eo reiease iorni	
The undersigned does hereby give permission,attend and participate in activities sponsored by Commur further authorizes, as parents (or guardians) the Pastor(s) undersigned to consent to any X-Ray examination, anesth hospital care upon the advice of a physician and surgeon Act, or to administer such medical first-aid or assistance at the event such help of any emergency nature becomes no) and/or the adult advinetic, medical or surgic licensed under the propers as might be required for	sors to act as patrons for the cal diagnosis or treatment and ovisions of the Medicine Practice or the immediate care of our child in
In no event will Community Lutheran Church, its pastors, and or surgical treatment or procedures performed pursua and immediately pay all costs and expenses incurred in conformation of the conformation of t	ant to this authorizatio	n. The undersigned shall be liable
The undersigned, for themselves or any representatives, vehicle in which the aforenamed child may be riding while Church, from any and all claims, demands, actions, cause and do hereby agree to be solely responsible and liable for	e engaged in activities s of action, suits and li	sponsored by Community Lutheran abilities of every kind and nature,
Parent/Guardian's name:	_ Signature:	Date:
Home Address:	City:	State:
Phone number: Cell:	Email:	
Student Birthdate(s):		
Emergency contact name: Phone num	nber:	_
Emergency contact name: Phone num	nber:	_
MEDICAL INFORMATION		
Family Physician Name:Phone:	Date of	last tetanus shot:
Current Medications? YES NO If yes, please explain	n:	
Known medical problems:		
Known allergies:		
Any additional comments:		
FOR INSURANCE PURPOSES		
Parent/Guardian employed by:	Position:	
Employer's address: City/St	ate:	Zip:
Insurance Company: Policy Nu	ımber:	
I hereby authorize Community Lutheran Church to publish ple children, and our names, for use in Community Lutheran Church from any expectation of confidentiality for am the parent or legal guardian of the children listed below a Church to use their photographs/videos and names. I acknoproduced by Community Lutheran Church confers no right Church and its employees from liability for any claims by me participation of the undersigned minor children. Parent/Guardian Signature	urch's printed publication the undersigned minor and that I have the author owledge that since parts of ownership whats any third party in contacts.	ons and website. I release Community or children and myself and attest that prity to authorize Community Lutherar ticipation in publications and website oever. I release Community Lutherar connection with my participation or the