

CAMPER REGISTRATION FORM

Camp Galilee at The Lakes

Camper's Name		T-Shirt Size (please circle one)
Gender:	Male Female	Child S M L
Date of Birth:	(mm/dd/yy) ____ / ____ / ____	Adult S M L XL
Age / Grade Completed:	_____ / _____	
Medication:		Dose/Time: ____ / _____

(Provide to manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Galilee as well. **Allergies or Diet Restrictions:**

Children who will enter Kindergarten in the fall of 2010 through and including those who have just completed fifth grade, are invited to be registered. Our maximum enrollment will be 40 children.

Camp Galilee Week

June 14-18, Monday – Friday

Rate per child: \$85.00
 Before April 30--\$75 for 1st child
 \$50 for each additional child
 Before May 28--\$80 for 1st child
 \$60 for each additional child

If you register your children by APRIL 30 WITH \$25 non-refundable deposits, the cost will be \$75 for the first child and \$50 for each child of the family thereafter. If you register between May 1st and May 28th the cost increases to \$80 for the first child and \$60 for each child thereafter. After May 28th, the cost for all children will be \$85 and they will not be guaranteed a T-shirt since we have to order then in advance. If you unable to pay your child's full way to camp but would like them to attend, please notify Pastor Carolyn at the church office so she can try work on a scholarship.

Attending Before Camp (BC) and/or After Day (AD)

Before Camp & After Day
\$20.00 each per session

- Before Camp (BC) \$20 for the week
- After Day (AD) \$20 for the week

	Date submitted	/ / 2010
First child (\$75, \$80, or \$85—see above)		
Additional children (\$50, \$60, or \$85)		
BC and/or AD		
Total\$		

(Please attach \$25 payment /child to this form—make checks payable to The Lakes Lutheran Church)

Balance Due
(on the first Day of each camp week)

CAMPER REGISTRATION—SIDE B

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Do not leave any blanks empty—for your child's safety

Camp Galilee at The Lakes

Name of Parents	Home#	
Mom Wk/Cell#	Dad Wk/Cell#	
Address	Zip	
Email Addresses / Names		
Home Church		
Insurance Company Policy #	Phone (if none, please indicate as n/a)	
Dr.'s Name	Phone	
Emergency Contact if parent cannot be reached—please list daytime numbers.		
Name	Phone	Relationship

The child registered on this form has my permission to participate in Camp Galilee during indicated session. I agree that The Lakes Lutheran Church and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for The Lakes Lutheran Church and or/the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: *"I will show respect for God, others, and myself"*. I know that violation of this covenant can and will result in my child being removed from the program.

Parent or Guardian Signature / Date

NOTES:

Mailing Address:
The Lakes Lutheran Church
8200 W Sahara Ave
Las Vegas, NV 89117
Phone: 363-2515
Fax: 233-3610
Web site: www.thelakeslutheran.org