



Rainbow Trail
LUTHERAN CAMP
&

Christ the King Lutheran Church

Office Use Only
Paid: Check # _____
Cash amt: _____
Confirmation letter sent: (date) _____

July 8-11, 2019 Day Camp Registration

Please fill out all information completely. Personal information will not be shared with organizations other than the church and camp. You will not receive mailings from RTALC based on information shared here unless you check that you would like to below.

Camper Name _____ Male _____ Female _____

Parent/Guardian Name(s) _____

Address _____ Grade entering in Fall _____

City _____ State _____ Zip _____

Phone (____) _____ Emergency Phone(____) _____

E-mail Address _____

- | | |
|--|---|
| <input type="checkbox"/> \$30; 9am – 3pm K-6 camper | <input type="checkbox"/> \$20; 9am – 12pm PreK camper |
| <input type="checkbox"/> \$35; EARLY 8:30am – 3pm K-6 camper | <input type="checkbox"/> \$25; EARLY 8:30am – 12pm PreK camper |
| <input type="checkbox"/> \$35; LATE 9am – 4pm K-6 camper | |
| <input type="checkbox"/> \$40; EXTENDED 8:30am – 4pm K-6 camper | |

Please return one form per camper with payment indicated above to:

**Christ the King Lutheran Church
Attn: Mandy Gardner
495 Florida Rd
Durango, CO 81301**

Our Child has permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation (Church). We agree that the Camp, Church, and their personnel will not be held responsible for accidents arising therefrom. I give Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. I also given permission for photos, video, and electronic images to be taken of me or my child and used for by the Camp or Church for promotional purposes without compensation, inspection or approval.

Yes, I would like to receive electronic or print information about Rainbow Trail Lutheran Camp's programs.

Parent/Guardian Signature _____ **Date** _____

Christ the King Lutheran and Rainbow Trail Lutheran Camp 2019 Day Camp Health History Form

This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____ Birthdate: _____ Age _____ Male ___ Female ___
last first middle initial

Home Address _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other Phone: (____) _____

Parent/Guardian _____ Preferred Phone: (____) _____ Other Phone: (____) _____

If unavailable in an emergency, please notify _____ Relationship _____ Phone: _____

Do you carry medical/hospital insurance? Yes ___ No ___ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for: Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following which have occurred to the camper or in the camper's family:

- | Conditions | Diseases | Allergies |
|--|---|--|
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Heart disease/defect | <input type="checkbox"/> Measles | <input type="checkbox"/> Ivy Poisoning, etc. |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> German Measles | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Bleeding/clotting disorders | | <input type="checkbox"/> Other drugs |
| <input type="checkbox"/> Hypertension | | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Mononucleosis | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatric counseling | | |

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates)

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____
 Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature _____ Date _____

Signature of witness _____ Date _____

Camper's signature _____