

Christ the King Lutheran and Rainbow Trail Lutheran Camp
Day Camp Volunteer Counselor Form
July 8-11, 2019

*****Mandatory Counselor Orientation July 7*****

Name: _____ Male ___ Female ___

Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Emergency Phone: _____

Grade entering in the Fall: _____

Parent/ Guardian email: _____

Jr. Counselor email: _____

** Sunday's mandatory meeting will be 5-7:30pm, approximately. A confirmation email will be sent prior to July 7th. The Jr. Counselor schedule this year will incorporate an early drop-off and late pickup options for campers.

Monday 8:30am –4pm Tuesday 8:30am – 4pm Wednesday 8:30am – 4pm
Thursday 8:30am – **7:30pm** (this is water day, closing program, BBQ and clean-up day)

Counselors must be on time and on site for the entirety of the times listed above, unless an exception is noted by parent/guardian here:

LIABILITY WAIVER – CtK and RTALC Day Camp; July 7-11, 2019

I agree with the policies and programs of Christ the King Lutheran Church (CtK) and Rainbow Trail Lutheran Camp (RTLC) and give my child permission to participate in all activities. I agree that CtK and/or RTALC will not be held responsible for accidents or injuries arising from said activities. I also understand that my photo or my child's photo may be taken for use in CtK and/or RTALC promotional literature (including CtK's website). I waive the right to compensation, inspection or approval of those photos if used for such purposes.

Parent/Guardian Signature: _____ Date: _____

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

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 _____