



Christ the King Lutheran Church  
&

**Rainbow Trail**  
LUTHERAN CAMP

## 2022 Day Camp Registration Form

**Monday, July 11 – Thursday, July 14; 9:00am – 3:00pm**  
**Special Program Thursday at 4:30pm**

Please fill out all information completely. Personal information will not be shared with organizations other than 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: \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Day Camp Fee Information: \$30 per Camper for the week.**

**Preferred Method of Payment:**

\_\_\_ CC ([Click Here To Pay Online](#)) \_\_\_ Check By Mail \_\_\_ Cash/Check on 1<sup>st</sup> Day

\_\_\_ Scholarship Request \*Checks payable to: Christ the King Lutheran Church  
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.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Yes I would like to receive information about Rainbow Trail Lutheran Camp's Programs!

# Christ the King Lutheran Church & Rainbow Trail Lutheran Camp

## 2022 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(last) (first) (middle initial)

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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

___ Frequent ear infections	___ Chicken Pox	___ Hay Fever
___ Heart disease/defect	___ Measles	___ Ivy Poisoning, etc.
___ Convulsions/seizures	___ German Measles	___ Insect Stings
___ Diabetes	___ Mumps	___ Penicillin
___ Bleeding/clotting disorders		___ Other drugs
___ Hypertension	___ Asthma	___ Psychiatric counseling
___ Mononucleosis		

Other: \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

Does your camper have any Dietary Requirements? (Check any that apply)

None     Vegan     Gluten Free     Vegetarian

Other \_\_\_\_\_

Will your child need to take a medication during Day Camp?     Yes     No

**\*If Yes, I acknowledge that my child's medication will be collected by Day Camp Coordinator and kept in our office.**

**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.**

**\*\*If filled out and returned online/digitally, I acknowledge that my typed name is used as my official digital signature.**

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Camper's Signature \_\_\_\_\_