

2023 Day Camp Volunteer Counselor Form

Monday, July 10 – Thursday, July 13; 9:00am – 3:00pm Special Program Thursday at 4:30pm ***Mandatory Counselor Orientation July 9***

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 RTLC based on information shared here unless you check that you would like to below.

Name:			
Address:			
City:	_ State:	Zip Code:	
Parent/Guardian Name:			Grade Entering in Fall:
Phone: ()	Emergency Phone:	: ()	
Parent/Guardian email address:			
Jr. Counselor email address:			
**Sunday's mandatory meeting will be 5:0	00pm – 7:30pm, approx	imately. A	confirmation email will be sent prior to July 9 th .

Mon; 8:30am – 3:30pm / Tues; 8:30am – 3:30pm / Wed; 8:30am – 3:30pm

Thurs; 8:30am – 7:00pm (This is water day, closing program, 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 RTLC DAY CAMP; JULY 9-13, 2023

I agree with the policies and program 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 RTLC 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 RTLC 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 / Or email form to: deaconmandy@ctkdurango.org
Attn	Mandy Gardner
495 I	ilorida Rd.
Dura	ngo, CO 81301

Christ the King Lutheran Church & Rainbow Trail Lutheran Camp 2023 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/			1	
(last)	(first)		(middle initial)	
Birthdate: / / Ag	je	Gender		
Home Address				
Parent/Guardian Preferred Phone: ()	Other Pho	ne: (<u>)</u>		
Parent/Guardian		<i>.</i>		
Preferred Phone: ()	Other Pho	ne: ()		
If unavailable in an emergency, plea Relationship				
Do you carry medical/hospital insura Carrier	Group/po	olicy number		
Name of physician Date of last immunization for: Tetan		Phone numb	oer	
Date of last immunization for: Tetan	us; DPT _ Measles (MMR)_		o;	
Please check and date any of the fo	llowing, which hav	ve occurred to	o the camper or ir	n the camper's family:
Conditions / Diseases / Allergies				
Frequent ear infections	Chicken Pox	Hay F	ever	
Heart disease/defect	Measles	Ivy P	oisoning, etc.	
	German Measle	s Insec	t Stings	
Diabetes	_ Mumps	Penic	cillin	
Bleeding/clotting disorders		Other	r drugs	
Hypertension	_Asthma	Psyc	hiatric counseling	
Mononucleosis	er:			
Culo				
Please explain any of those checked	d in the space belo)W:		
Operations or serious injuries: (pleas	se list with dates)			
Suggestions, any activity restrictions	s, or health-related	l information	for camp personr	nel:

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

None	Vegan	Gluten Free	Vegeta	arian	
Other					
Will your child	need to take a m	edication during E	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	Dete
Signature	_Date
Signature of Witness	Date
Camper's Signature	