Christ the King Lutheran Church

&

Rainbow Trail LUTHERAN CAMP

2024 Day Camp Registration Form

Monday, July 8 – Thursday, July 11; 9:00am – 3:00pm
Special Program Thursday at 4:30pm
More information at ctkdurango.org/day-camp-24

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.

Camper Name: _____ Gender_____

Parent/Guardian Name(s): _____

Address: _____ Grade Entering in Fall: _____

City: _____ State: _____ Zip Code: _____

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 1st 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

2024 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
☐ Heart disease/defect
☐ Convulsions/seizures
☐ Diabetes
☐ Bleeding/clotting disorders
☐ Hypertension
☐ Mononucleosis
☐ Chicken Pox
☐ Measles
☐ German Measles
☐ Mumps
☐ Asthma
☐ Hay Fever
☐ Ivy Poisoning, etc.
☐ Insect Stings
☐ Penicillin
☐ Other drugs
☐ Psychiatric counseling

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_____