



2024 Day Camp Volunteer Counselor Form

Monday, July 8 – Thursday, July 11; 9:00am – 3:00pm

Special Program Thursday at 4:30pm

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

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.

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 5:00pm – 7:30pm, approximately. A confirmation email will be sent prior to July 7th.

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 RTALC DAY CAMP; JULY 8-11, 2024

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 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** / Or email form to: **deaconmandy@ctkdurango.org**

**Attn: Mandy Gardner
495 Florida Rd.
Durango, CO 81301**

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 | ___ 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 _____