

Youth Camp Registration

Camper's Name _____ Male _____ Female _____ Age _____ Birthdate _____

Parent(s)/Guardian(s) _____ Grade Completed (after May '17) _____

Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Cell Phone (_____) _____

Parent/Guardian Email _____

Church (no abbreviations please) _____ City _____

Program _____ Camp Dates _____

_____ Sibling Discount _____ Sibling's Name(s) _____

We will do our best to accommodate 2 roommate requests for campers in the same grade.

Roommate Request 1 _____ 2 _____

Special Needs—please describe below so we can accommodate those needs while at camp.

Dietary _____ Health _____

Emotional _____ Allergies _____

Other _____

PERMISSIONS

Please check all that apply.

_____ My child has permission to take part in all camp activities under supervision, and I agree that the camp and/or its personnel will not be held responsible for accidents arising therefrom.

_____ I give permission to transport my child for camp/retreat programs and emergencies.

_____ I give permission for the use of photographs, video, audio and electronic images including my child in camp promotions.

Parent/Guardian's Signature _____ Date _____

Payment: _____ Tier 1 (45% annual fund supported) _____ Tier 2 (25% annual fund supported) _____ Tier 3 (0% this is the true value of camp)

_____ Check/Money Order _____ Visa _____ MasterCard _____ Discover

_____ Full Payment _____ Deposit Only *The full amount of the camp fee will be charged to the credit card unless otherwise directed.

Name as it appears on the card _____

Card number _____ Exp. Date _____

3-digit number on the back _____ Signature _____

Mail to:

Green Lake Lutheran Ministries

9916 Lake Ave. South

Spicer, MN 56288

