



DAY CAMP PARTICIPANT REGISTRATION & INFORMATION

Name of Child: _____

Child's Birth Date: _____ Grade Completed: _____

Address: _____

Home Phone: _____

Home Congregation (church name & city): _____

Parent/Guardian Name: _____

Parent/Guardian Location while child is at camp (employer, home, school, etc.)

Home Phone: _____ Cell Phone: _____

Address: _____

Alternative Emergency Contact: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of persons other than the parent/guardian to whom the child may be released:

1. _____ 2. _____

3. _____ 4. _____

Name of individuals child may NOT be released to:

1. _____ 2. _____

3. _____ 4. _____

Does your child have any allergies we should be aware of? Yes No

If yes, please list allergies and their severity: _____

Does your child require medication during the day? Yes No

If yes, please list medications: _____

Does your child use an epi pen or inhaler? Yes No

I grant permission to Living Water Ministries and the host congregation to photograph, audiotape, or videotape my child for promotional use.

Signature

Date
