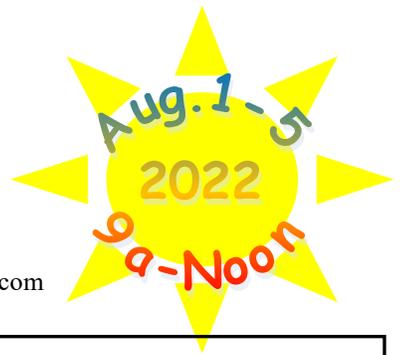


# VBS/Summer Day Camp



## "This is Our Prayer" Camp Registration

Faith Lutheran Church 1600 Sinks Canyon Road 307-332-2192 faithlutheranchurch1972@gmail.com  
www.landerlutherans.org

### Camper Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_ Gender \_\_\_\_\_

#### Allergies/Medical conditions:

Does the camper have any dietary restrictions, allergies, or restrictions on activities? If so, please describe them here.

#### Please be advised that your child may be photographed at this camp.

I hereby give consent for this camp to the free and unrestricted use of an image or images of a minor. By signing below, I am aware that if used, they will be in the public domain and may appear on video, web, and or printed media.

Yes  No \_\_\_\_\_ Initial

### Emergency contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address 1 \_\_\_\_\_  
\_\_\_\_\_

#### Please provide the full legal name of this camper's parent or legal guardian.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Relationship to camper \_\_\_\_\_

In case of emergency I waive any and all claims and agree the associated churches, agents, and activity leaders connected with this event are fully released from any and all liability and damages except for those arising from the negligent acts or omissions.

In the event I cannot be contacted immediately I give authorization and consent to emergency medical services and/or first aid care for my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please read and initial the attached health and safety guidelines and Illness policy on page 2 of this document.*

(First)

CAMPER NAME (Last)

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### Camper Health and Safety Guidelines

- **Sunscreen**—The activities of our Vacation Bible School / Summer Day Camp program are designed to take place predominantly outdoors. Please dress your child appropriately each day including a hat and apply sunscreen if necessary. **Camp volunteers and staff cannot apply sunscreen to campers.**
- **Snacks** — A snack will be provided each day. Please be sure to list any food allergies or concerns on the first page of this registration form.
- **Hydration**— Water will be available to drink throughout the morning. **Please do not send** water bottles with your campers as we do not want them to get misplaced or lost as we move from activity to activity.
- **Masks**— Masks are optional for campers and staff as a majority of our activities will take place outside.  
*\*Please read our illness policy below.*

Initial \_\_\_\_\_

### VBS / Summer Day Camp Illness policy and protocols

- **SYMPTOMS (at home)**—If a camper displays any symptoms of an illness, cold or fever during the week of camp they must be kept home and not attend until the following day provided symptoms have vanished.
- **SYMPTOMS (at camp)**—If a camper develops symptoms of an illness, cold or fever while attending camp their parent and/or emergency contact will be notified and the camper must be picked up immediately.
- **COVID**—If your camper develops symptoms such as fever, cough, and/or difficulty breathing, and has been in close contact with a person known to have COVID please have them tested for covid before sending them back to camp.

I have read and agree to adhere to the illness protocols and policies as listed \_\_\_\_\_(initial)