

LUTHER PARK RETREAT REGISTRATION & HEALTH FORM

Mount Calvary Lutheran Youth - 2018/2019

Name _____ Grade _____ Birth date _____

Please indicate which retreat you are attending:

_____ 7th Grade Retreat: Oct. 12-14, 2018

_____ 8th Grade Retreat: Oct. 26-28, 2018

_____ Sr. High Youth Retreat: Jan. 25-27, 2019

Name of one requested cabin mate (Confirmation youth only) _____

Custodial Parent(s)/ Guardian(s) _____

Address _____ City _____ State _____ Zip _____

Parent Cell Ph. (_____) _____ Student Cell Ph. (_____) _____

INSURANCE INFORMATION:

Policy Holder _____

Insurance Co. _____ Ins. Co. Phone _____

Group No. _____ Policy/ID No. _____

*We elect to carry no Medical Insurance and are responsible for any medical charges:

Please sign here: _____ Date: _____

Emergency Contact: _____ **Emergency Phone:** _____

HEALTH HISTORY & PARENT/GUARDIAN AUTHORIZATION

THIS SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN.

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I understand that unless I provide separate written notice, photos taken of my child at camp may be used for camp-approved publications such as the Luther Park Echoes.

Please list **ALL** allergies & medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire weekend. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. For everyone's safety ALL medications brought to camp including prescription, over-the-counter, medicated creams and ointments will be kept in the Health Center.

Allergies or Food Requirements (inc. Vegetarian)

Medications _____

Signed _____ Date _____

(Parent/Guardian – or Student if over 18 yrs old)

