

LUTHERIDGE DAY CAMP REGISTRATION FORM

Camp is coming to Good Shepherd! Sign-up now!

Camper's Name _____

Age _____ Grade Completed, Spring 2024 _____ Birthday _____

Male Female

Address _____

City _____ Zip _____

Parent/Guardian Name _____

Phone (_____) _____ E-Mail Address _____

Home Church _____

City _____

The following information is helpful to our camp staff in getting to know campers better and more quickly:

Preferred Name _____ Pet(s) Name(s) _____

Brothers/Sisters (names and ages) _____

Special Interests or Hobbies _____

My child most easily relates to [] Males [] Females My child is [] out-going [] quiet and shy

Concerns, allergies, or anything that the Day Camp staff should be aware of _____

To be answered by camper: "The #1 thing I hope we do at Day Camp is..."

Permission (This section must be signed in order for your child to attend camp)

_____ HAS MY PERMISSION TO ATTEND DAY CAMP

Parent/Guardian's signature

Please print Parent/Guardian name here

Permission to photograph your child? _____ Yes _____ No

**Photographs taken may be posted on Good Shepherd Lutheran Church's social media page(s) and could be used for promotional materials.