Lutheran Outdoor Ministries in Ohio and _____

Summer Day Camp Registration and Permission

Date of Camp:_____

Name of Camper _____ Birth date: _____ Shirt Size: _____

Address, City, State, Zip: _____

Gender: _____ Grade: _____ Age: _____ Home Church: _____

Parent/Guardian Name(s): _____

Home Phone(s): _____ Work Phone(s) _____ Cell Phone(s) _____

Email: _____

Optional: Please check the appropriate line:

___ American Indian ___ Asian/Pacific Islander ___ Black/African American ___ Hispanic/Latino
___ White/Caucasian ___ Prefer not to answer

Emergency Contact Information

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply)
Walk Bike Car

The Following person(s) is/are permitted to pick up my child from Day Camp:

1. _____ 3. _____

2. _____ 4. _____

DO NOT release my child to the following person(s): _____

1. _____ 2. _____

Parent Permission

To the best of my knowledge, this health history is correct and complete. I hereby give permission for use of photos of my child to be used in promotion. I hereby give permission for the above named child to participate in all LOMO Day Camp activities at _____. I herby give permission for my child to be transported to an off-site activity by an adult driver including field trips and special events on or away from the church's property as listed below:

Field Trip and Special Events	Location	Date

_____ _____ _____
Parent/Guardian Signature Date Please Print Name

over