

# DAY CAMP PARTICIPANT REGISTRATION & INFORMATION

# VBS



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

Please share any other medical information that we should know about while your child is in our care:  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission to Living Water Ministries and the host congregation to photograph, audiotape, or video-tape my child for promotional use. LWM is participating in the Camp2Congregation project to examine the impacts of traveling day camp. Trained researchers will visit a small sample of our sites, observing the programs and talking with participants. Project findings will be posted on a website ([www.camp2congregation.com](http://www.camp2congregation.com)) and may appear in various camping or Christian publications. By signing, you consent to have your child participate in this project, including use of voice recording and photos.

Signature

Date