

Spirit of Joy! Lutheran Church
Day Camp Registration Form for K thru 5th graders
July 13-17, 2009 from 9-3:30 each day

Please complete and include a check made out to SOJ! for \$70 per child. Return to SOJ!, attention Kim Bradley, 7550 Crownridge, The Woodlands, 77382.

Please print one per child.

Name _____

Preferred Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Parent/Guardian Name(s) _____ Work Phone (____) _____

Emergency Contact _____ Phone (____) _____

Physician _____ Phone (____) _____

Insurance Carrier _____ Group/Policy Number _____

Grade in school 2008 -2009 _____

Home Church _____ City _____

Special interests or hobbies _____

Any restrictions to physical activities _____

Any allergies (food, drugs, insects, etc.) _____

List any people and their phone numbers who may pick up your child from Day Camp

Emergency Release

I will not hold Lutherhill Ministries or SOJ! Lutheran Church and their staffs responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Lutherhill Ministries and SOJ! Lutheran Church permission to use any photograph/video of me or my child, taken at Day Camp for future promotional materials.

Parent/Guardian Signature

Date

Please note: Your child should wear play clothes and bring a sack lunch each day.