

2021 Day Camp Registration Form

August 2nd-6th from 9am-3pm

Please fill out all information completely. Personal information will not be shared with organizations other than church and camp. You will not receive mailings from Sky Ranch or Advent based on information shared before unless you check that you would like to below.

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: \_\_\_\_ Female:\_\_\_\_ Non-binary: \_\_\_

Grade Entering in Fall 2021 \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our child has permission to take part in all Day Camp activities led by Sky Ranch Lutheran Camp and the hosting congregation (Advent). We agree that the Camp, Church, and their personnel will not be held responsible for accident arising thereform. I give camp and Church personal permission to seek medical treatment for my child in case of injury or illness. I also given permission for photos, videos, and electronic images to be taken of me or my child and used for by the Camp and the Church for promotional purposes without compensation, inspection, or approval.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\_\_ Yes, I would like to receive information about Sky Ranch Lutheran Camp programs!

2020 Advent Lutheran Church Covid-19 Release Form

Dear Camper Parent:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety but we cannot guarantee that you or family members will not become infected with COVID-19. We have put in place preventative measures to reduce the spread of COVID-19. This form acknowledges the risk of sending a child to Day Camp during a worldwide pandemic. We ask that Parents/Guardians/Caregivers watch for signs and symptoms prior to Day Camp and agree to not send their child if they have symptoms of illness. If Parents/Guardians/Caregivers are not willing or able to make this commitment their child will not be able to attend day camp this summer.

By participating in programs, services, and activities of **Sky Ranch Lutheran Camp and Advent Lutheran Church,** you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Sky Ranch Lutheran Camp and Advent Lutheran Church,** its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Minor Family Campers:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sky Ranch Lutheran Camp

2021 Day Camp Health Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (last) (first) (middle initial)

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_ Nonbinary\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unavailable in an emergency, please notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_ Yes \_\_\_ No If so please indicate:

Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any of the following, which have occurred to the camper or in the campers family:

Condition Diseases Allergies

\_\_\_\_ Frequent Ear Infections \_\_\_ Chicken Pox \_\_ Insect Stings

\_\_\_\_ Heart disease/defect \_\_\_ Measles \_\_ Penicillin

\_\_\_\_ Convulsions/seizures \_\_\_ German Measles \_\_ Other Drugs

\_\_\_\_ Diabetes \_\_\_ Mumps \_\_ Psychiatric counseling

\_\_\_\_ Bleeding/clotting disorders. \_\_\_ Asthma \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Hypertension \_\_\_ Hay Fever

\_\_\_\_ Mononucleosis \_\_\_ Ivy Poisoning

Please explain any of those checked in the space below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations or Serious Injuries: (please list with dates)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggestions, any activity restrictions, or health related information for camp personnel

Will your child need to take a medication during Day Camp?

My child has permission to participate in all camp activities, expect as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for the health of my child. In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize or secure proper treatment including surgery, injection, and/or anesthesia for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_