



REGISTRATION FORM

Please fill out one form per child. Registration cost includes lunch, snack, and staffing.

name	birthdate	age	grade (entering)	t-shirt size
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food allergies: nuts, dairy, etc.	restrictions: vegetarian, gluten free
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parent/guardian name	address	city	zip code	phone # (circle): cell home work
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EMERGENCY INFO.

Please list pertinent information.

other known allergies	current medications
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emergency contact	phone #
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child's physician	phone #
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As the legal parent or guardian of _____, I hereby authorize emergency medical treatment for my child. I further release leaders and volunteers from Hope Lutheran Church and Luther Heights Bible Camp any liability in the event of an accident during the dates of June 30 – July 3, 2019. This agreement does not apply to claims for intentional misconduct or gross negligence.

parent/guardian signature	date
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 The following is for administrative purposes, please leave blank.

Payment received
 LHBC consent form received