ST JOHN/BADLANDS MINISTRIES DAY CAMP REGISTRATION

PARENTS / GUARDIANS:

1. Name _____

   Home Phone # _____ Cell #_____

   Email _____

2. Name _____

   Home Phone # _____ Cell # _____

   Email _____

MAILING ADDRESS:

Street: _____

City , State, Zip _____

Home Church: _____

EMERGENCY CONTACT:

1. Name _____

   Home Phone # _____ Cell #_____

   Relationship to child(ren): _____

REGISTER EARLY!
Space is limited !
DEADLINE—JULY 30TH

SEND OR DROP OFF THIS FORM TO:

St. John Lutheran Church
Denay Klein / Kaitlyn Olson
146 6th Ave W
Dickinson, ND 58601

For Office Use Only	
	Camper look up (search for duplicate)
	New Camper info
	Parent/Guardian info
	Extended Family info
	Camper Program Session
	Camper Church Scholarships
	Medical Form
	Apply Payment

The child(ren) registered on this form have permission to fully participate in Badlands Ministries Day Camp. I agree that St. John Lutheran Church, Badlands Ministries or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during camp activities and give Badlands Ministries permission to see treatment in the case of injury or illness. I give permission to Badlands Ministries, St. John Lutheran Church or the ELCA to use any photographs of the registered child(ren) for use in publicity materials, including websites. I understand that I am ultimately responsible for my child's behavior at camp and the he/she will be expected to sign and live by the camp covenant which states: ***"I will show respect for God, others, and myself."*** I know that violation of this covenant can and will result in my child's being removed from the program.

Parent/Guardian Signature: _____

CAMPER'S NAME(S) *(please print clearly)*	**BIRTHDATE**	**SPRING 2017 GRADE**	**MALE OR FEMALE**	**MEDICATIONS OR ALLERGIES**	**T-SHIRT SIZE:** **Child—S,M,L** **Adult—S,M,L,XL**	**ARE YOU AN SIT?** *(completed grades 7-8)*