

# Badlands Ministries Day Camp Registration Form:

*For the safety of your child, please do not leave any spaces blank.*

**Parents / Guardians:**

1. Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Mailing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home Church:** \_\_\_\_\_

Mail or drop off your registration:  
**ST. JOHN LUTHERAN CHURCH**  
 Attn - Kaitlyn Olson  
 146 6TH AVE W  
 DICKINSON, ND 58601  
**Registrations must be received by**  
**JULY 29th**

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

**Emergency Contact:** *(In case parent cannot be reached)*

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to child \_\_\_\_\_

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 seek treatment in in the case of injury or illness. I give permission to *Badlands Ministries* and 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 that 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, without refund.

**Parent / Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Other things we should know about your child(ren): *Please make sure this form is filled out all the way for our records... Thank you!*

Please clearly PRINT Each Camper's Name	Birth Date	Spring 2018 Grade	Male or Female	Medications or Allergies	T-Shirt: Child - S, M, L Adult S, M, L, XL	Are you an SIT?