



2019 Day Camp Registration Form

June 17-21, 2018

Grades K-6 - 9am-2pm – M-F

Grades 7-12 - 5pm-8pm – M-W

Community of Joy Lutheran Church

841 Saratoga Dr. NE, Rio Rancho, NM 87144

Please fill information out completely. Personnel information will not be shared with organizations other than the church and camp. You will not receive mailings from RTALC based on information you shared here unless you check that you would like to below.

Camper Name: _____ Age: _____

Grade Entering in the Fall: _____ Male: _____ Female: _____

If a rising 7th grader will you be helping during the day with the younger group? _____ Yes _____ No

Parents/Guardians Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Emergency Phone: (____) _____

Please Return Registration Form To:

Community of Joy Lutheran Church

By: June 12, 2019

\$25 per child or \$50 per Family Donation suggested

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

____ Yes, I would like to receive electronic or print information about Rainbow Trail Lutheran Camp Programs.

Parent/Guardian Signature: _____ Date: _____

**Rainbow Trail Lutheran Camp
2019 Day Camp Health History Form**

This form needs to be completely filled out by a parent/guardian. It will be kept by the Church staff.

Name _____ Birthdate: _____ Age _____ Male ___ Female ___

Home Address _____

Parent/Guardian _____ Phone: (____) _____ Phone: (____) _____

Parent/Guardian _____ Phone: (____) _____ 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 number _____

Date of last immunization for: Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which occurred to the camper or in the camper's family:

___ Frequent ear infections	___ Chicken pox	___ Hay Fever
___ Heart disease/defect	___ Measles	___ Ivy Poisoning, etc.
___ Convulsions/seizures	___ German Measles	___ Insect Stings
___ Diabetes	___ Mumps	___ Penicillin
___ Bleeding/clotting disorders	___ Mononucleosis	___ Other drugs
___ Hypertension		___ Asthma
___ Psychiatric counseling		___ Other: _____

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? _____

___ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except 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 _____

Signature of witness _____ Date _____

Camper's signature _____