



GLLM DAY CAMP REGISTRATION 2021

Name of Camper: _____ Date of Birth: ____/____/____

Gender: _____ Age: _____ Grade completed summer 2021: _____

Parent/Guardian(s): _____

Primary Address: _____

City, State, Zip: _____

Home Phone: (____)____-____ Work Phone: (____)____-____

Cell Phone: (____)____-____ E-mail: _____

Parent or Guardian Must Agree and Sign:

I give permission for my child to attend the Green Lake Lutheran Ministries Day Camp program, taking part in the normal program activities. I authorize the camp to secure a doctor to provide any necessary emergency medical care. I also give permission for the use of photographs, video, and electronic images including my child in camp promotion.

Parent/Guardian Signature: _____

COVID-19 WAIVER:

Dear Parent/Legal Guardian:

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. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of Green Lake Lutheran Ministries (GLLM), you agree to the following: On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless GLLM, 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 hosted or programmed event by GLLM.

Parent/Guardian Signature: _____

DAY CAMP HEALTH FORM

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to camper: _____

Allergies: Food/Medications/insects/other:	
Epi Pen needed? (GLLM does not provide EpiPens)	Y / N
Dietary Restrictions:	
Please list any routine medications camp staff will have to administer, including dosage and directions:	
Date of last Tetanus shot: ____/____/____	Camper up to date on immunizations? Y / N

Is there any other information that we should know about your camper in order to best serve him/her during the Day Camp week?
