

Good News Lutheran Brethren Church Day Camp, McAlisterville PA

July 18th to 21st, 2011 - Please register by Friday July 8th.

Name (First & Last) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

Gender: Male Female

Grade Entering _____ Date of Birth _____

Home Church (optional) _____

Allergies/Medical Conditions _____

Parents or Guardians: (please print)

Name/s _____

Parental/Guardian Consent

I hereby give permission for my child to attend Day Camp and designate Day Camp officials to act on my behalf in authorizing routine and/or emergency medical care. I give my child permission to ride in Day Camp provided transportation. I further authorize the use of photos or video taken of my child during Day Camp for promotional purposes.

Parent/Guardian Signature

Date _____