

Normandale Lutheran Church**Boys and Girls Choir Camp****August 14 & 15 2012****Luther Park Camp, Danbury, Wisconsin***Please print clearly and complete both sides of this form in its entirety.**Please return to Normandale by **May 1, 2012***

Paid:
Cash_____
Check_____
Family_____

Child Information

Full Name:			<input type="checkbox"/> Male
Last	First	Middle	<input type="checkbox"/> Female
<input type="checkbox"/> Choir Camp \$70 per Child (on or before May 1) Additional \$10 per Family (after May 1)		School Attending Fall of 2012: Grade:_____	Birthdate:
Mother /Guardian Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Father / Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address (if different):	City:	State:	Zip Code:
Father's primary e-mail address(es):			Youth lives with (<i>circle all that apply</i>) Both parents Father Mother Other
Mother's primary e-mail address(es):			

Child Information

Full Name:			<input type="checkbox"/> Male
Last	First	Middle	<input type="checkbox"/> Female
<input type="checkbox"/> Choir Camp \$70 per Child (on or before May 1) Additional \$10 per Family (after May 1)		School Attending Fall of 2011: Grade:_____	Birthdate:
Mother /Guardian Name(s):	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	State:	Zip Code:
Father / Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address (if different):	City:	State:	Zip Code:
Father's primary e-mail address(es):			Youth lives with (<i>circle all that apply</i>) Both parents Father Mother Other
Mother's primary e-mail address(es):			

Parent and Guardian Participation:

Name of Parent/Guardian attending:_____

- I would like to chaperone / \$50 per adult.
- I will ride the bus.
- I am a certified lifeguard.

*Please use additional form for additional children in your family.

Are you currently a member of Normandale Lutheran Church? Yes No (Please circle response)**TURN OVER AND COMPLETE REVERSE SIDE OF FORM-*thank-you!***

Emergency Contact Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/cell phone:
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Health Information

Medical Insurance Company	Policy Number
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PRE-EXISTING MEDICAL CONDITIONS _____

MEDICATIONS (please have in labeled bottle with instructions for chaperones) _____

DIETARY CONCERNS _____

ALLERGIES _____

ADDITIONAL COMMENTS _____

Child (ren)'s Information: please share any information concerning your child (ren) and his/her response to large groups, energy level, learns best with or without a specific person, special needs or other information to assist the teachers.

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Promotional Release Information: I give permission for my youth's photo to be used for publicity purposes without compensation. Yes No

Parental Release Information

I am the parent/legal guardian of the participant named on this forms, and hereby grant my permission for him/her to participate fully in Normandale Lutheran Church related events/trips activities, and to be transported off site with Normandale staff. In the event of an emergency, I give permission for the supervising Normandale staff member or available adult leader to sign forms that would ensure the necessary and immediate retreatment of the participant. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I furthermore absolve those acting on my behalf in their regard to liability, as long as there is no gross negligence. (Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign & date this attachment.)

Parent/guardian signature:	Date:
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Child Registration: \$80 X _____ child (ren) = _____

Less \$10 per child (if by May 1) = _____

Adult/Youth Chaperone Registration: \$50 X _____ adult (s) = _____

Total: _____