



Lutherwood Camp & Retreat Center

Registration Information for Year Round Programs

Please Mark the Program you are registering for clearly. Thank you!

- Summer Reunion: Oct 14-15, 2011 \$30 per person
- Chica-Rama: November 4-5, 2011 \$35 per person
- !Dude!: Nov: 11-12, 2011 \$35 per person
- Family Sledding Extravaganza: December 30-31, 2011 \$15 per person
- Ski and Snowboard Retreat: January 13-16, 2012 \$265 per person
- CIT Winter Bash: February 19-20, 2012 \$30 per person
- Elementary Retreat: March 16-17, 2012 \$35 per person
- Elementary Retreat: March 23-24, 2012 \$35 per person

Camper's Name _____

Camper's Date of Birth _____ Male _____ Female _____ Grade _____

Address _____

City, State, Zip _____

Telephone Number _____

Parent/Guardian Name(s) _____

Parent/Guardian Telephone (if different) _____

Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____

Parent E-mail Address _____

Emergency Contact Names:

(1) Name (relation) _____ Phone _____

(2) Name (relation) _____ Phone _____

Home Church _____

City _____ State _____

Checks can be made out to: Lutherwood Camp & Retreat Center

Credit Card accepted: VISA & Master card ONLY or call the office and talk with Corey

Credit Card: VISA / Master Card (Circle One) Credit Card Exp. Date _____ mon. / _____ yr.

Credit Card Number _____ 3 Digit Security Code _____

Signature _____

Printed Name on Card: _____

Health Information

Allergies: _____

Restrictions / Accommodations: _____

Medications: _____

Authorizations and Liability Release

Lutherwood Camp & Retreat Center

Year Round Programs 2011-12

Camper's Name _____

Camper's Date of Birth _____

Parent/Guardian Authorization and Liability Release: As the parent or guardian of the above minor child who is requesting to voluntarily participate in day camp sponsored by Lutherwood Camp and Retreat Center I hereby acknowledge that I have read, understand and agree to the following:

1. I acknowledge that participation in this camp may entail unanticipated risks, and while I expect the camp staff to exercise reasonable caution in carrying on this camp, I hereby release Lutherwood Camp and Retreat Center from any liability or damage incurred.
2. I certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity.
3. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
4. In the event it becomes necessary for the camp staff-in-charge to obtain emergency care of my child, neither he/she, Lutherwood Camp and Retreat Center shall assume financial liability for expenses incurred because of the accident, injury, illness and /or unforeseen circumstances. I accept such responsibility.
5. Permission is hereby granted to use photos of, quotes from and likenesses of my minor child in print or electronic media such as, but not limited to brochures, radio ads, web pages, video tape and others as deemed useful by the camp for marketing purposes by and for Lutherwood Camp and Retreat Center. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes or likeness.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____

Physician's Name _____

Phone # _____

Insurance Carrier _____

Subscriber Name _____

Policy # _____