



Lighthouse Christian Summer Day Camp

OFFICE USE ONLY	
Registration Fee Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____
T-shirt Received:	<input type="checkbox"/> Yes

STUDENT INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name	_____ Prefers to be called
Grade entering in fall: _____		Age: _____	Birthdate: _____
		Home Phone _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address _____		City, State _____	Zip _____
T-shirt Size: (Please circle one)		Youth YM YL	Adult S M L XL

FAMILY INFORMATION

Father/ Guardian

_____ Last Name	_____ First Name	_____ Middle Name	_____ Prefers to be called
<input type="checkbox"/> Same as camper _____			
Street Address _____		City, State _____	Zip _____
Email Address: _____			
Home Phone _____	Cell Phone _____	Work Phone _____	

Mother/ Guardian

_____ Last Name	_____ First Name	_____ Middle Name	_____ Prefers to be called
<input type="checkbox"/> Same as camper _____			
Street Address _____		City, State _____	Zip _____
Email Address: _____			
Home Phone _____	Cell Phone _____	Work Phone _____	

EMERGENCY CONTACT

_____ First Name	_____ Last Name	_____ Relationship
Home Phone _____	Cell Phone _____	Work Phone _____

PARENTAL INFORMATION/PERMISSION

- I hereby authorize you to make whatever inquiries you deem necessary to this application.
- In signing this form, I hereby give permission for my child to travel to and from all Summer Day Camp-sponsored activities via LCS vehicles.
- In case of emergency, I want my child taken to _____ hospital. Summer Day Camp staff has permission to obtain emergency medical treatment if we (the parents) cannot be reached.
- Physician's name _____ Phone _____
- I hereby give my permission for my child to have: Tylenol Pepto Bismol Tums
- Allergies: _____

I/we hereby release and agree to indemnify and hold harmless Lighthouse Christian School and/or Lighthouse Ministries ("the school"), its employees and agents, from and against any and all claims and causes of action for personal injuries to my/our child or property damages I/we incur arising out of or resulting from his/her attendance at the Summer Day Camp and/or participation in any Summer Day Camp-related activity, and all costs and expenses, including reasonable attorney fees incurred by the school for defense of any such claim or cause of action; except that this release and indemnification agreement shall not apply to any such claim or cause of action resulting from acts by the school, its employees or agents determined by a court to be gross negligence.

Signature of Parent/ Legal Guardian

Date



Lighthouse Christian School

Summer Day Camp

Transportation Plan

Child's Name _____

Grade entering in fall _____

We are required to have a transportation plan on file for each child at Summer Day Camp. This plan designates which adults (age 18 and over) will be allowed to pick up your child. No one will be permitted to pick up your child from Summer Day Camp unless his or her name is listed below or we receive permission in writing from the legal guardian of the child. You may add or remove adults from the plan as you desire.

I hereby designate the following adults to pick up my child:

Name _____
Legal Guardian(s)

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Signature of Legal Guardian

Date