

# SUMMERTIME KNIGHTS 2019

## Camper Information, Registration, and Contract

Child's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

### **Mother/Guardian**

Name: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Text OK? Y or N

E-Mail: \_\_\_\_\_

### **Father/Guardian**

Name: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Text OK? Y or N

E-Mail: \_\_\_\_\_

### **Brothers/Sisters Also Attending Camp**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Emergency Contact (in case parents/guardians can't be reached)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### **Drop Off and Pick Up**

All campers must be signed in and out each day by an adult. Door #13 at the west end of the school building will be used for drop off and pick-up. These doors will remain locked for the safety of all campers. Please use the doorbell to be let in to the building. If you are late (after 6:00 PM) to pick your child up, you will be charged \$5.00 for the first 10 minutes and \$1 a minute thereafter.

A photo ID will be required upon pick up for anyone the staff does not recognize/know. Anyone, other than the parents/guardians, not listed below will not be allowed to pick your child(ren) unless written permission from the parent/guardian is given to the camp director prior to pick up. Please keep in mind these rules are for the safety of your child(ren) and not meant to cause any inconvenience to anyone.

Persons allowed to pick up my child(ren): \_\_\_\_\_

\_\_\_\_\_

**Registration Form- SUMMERTIME KNIGHTS 2019**

**My child will attend the following Summertime Knights 2019 camp sessions:**

\_\_\_\_\_ \$50 registration fee on or before May 10. \_\_\_\_\_ \$75 registration fee after May 10.

**Payment due by Friday of the week before camp.**

Week	Theme	Per Week 1 <sup>st</sup> /2 <sup>nd</sup> Child	Morning Care 7:00-9:00 AM	Ext. Care PM Needed
Session 1: June 10-14	Dinosaurs	___\$150 ___\$130	Y or N Start Time:	Y or N
Session 2: June 17-21	Fun & Fitness	___\$150 ___\$130	Y or N Start Time:	Y or N
Session 3: June 24-28**	VBS Week VBS AM Camp PM	___\$80 ___\$70	Y or N Start Time:	Y or N
No Camp Week of July 1-5				
Session 5: July 8-12	Pioneers and Settlers	___\$150 ___\$130	Y or N Start Time:	Y or N
Session 6: July 15-19	Under the Sea	___\$150 ___\$130	Y or N Start Time:	Y or N
Session 7: July 22-26	Birds of a Feather	___\$150 ___\$130	Y or N Start Time:	Y or N
Session 8: July 29-Aug.2	Around the World	___\$150 ___\$130	Y or N Start Time:	Y or N
<b>Please circle your camper's shirt size: Youth S M L      Adult S M L XL</b> Camp shirts must be worn on Field Trip Days.				

**General Permission**

I hereby give my child permission to participate in any camp sponsored activity. This may be in the form of tours, field trips, walks to the park or library, sports activities or other educational excursions. Since the activities will be publicized in advance, I realize I have the privilege to withdraw this permission in writing where I deem it best. I have read the parent information sheet and contract and agree to abide by these policies. I understand that there is no camp the week of July 1-5. I understand that the payments are due the Friday before the week of attendance. I have read and understand the late pick-up policy and fees. I understand I am financially responsible for the weeks my camper is registered whether or not they attend

**Publicity Release Authorization:** I understand photos, videos and sound recordings of students and children may be used on the Immanuel website, brochures or other such media for the purpose of public relations, promotion of Immanuel events, recruitment, or other activities that serve to publicize Immanuel Lutheran Church & School. I further understand that all photos, videos and sound recordings will be taken in a public venue and will not offend Christian or civil standards, and that no written identification of any individual student/child will accompany photos, videos, or sound recordings other than those used for student and historical records. I authorize Immanuel Lutheran Church & School to take photos, videos, and produce sound recordings of the above named student or child and to use such photos, videos and sound records as follows (please initial):

\_\_\_\_\_ Permission is granted for my child's photograph and work to be published.

Please circle: Newsletter, Newspaper, TV, School Website, Promotional Materials, Facebook

\_\_\_\_\_ I would prefer that my child's photograph and work not be published.

**LIABILITY WAIVER RELEASE & MEDICAL CONSENT**

In consideration of being allowed to participate in the Trip, Event, Program or Activity in conjunction with "SUMMERTIME KNIGHTS" 2019 DAY CAMP sponsored by Immanuel Lutheran School, Belvidere, IL; and in consideration of the benefits derived therefrom, I on my behalf and, if applicable, on behalf of the Minor named on the reverse side (the "Minor") hereby release the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church & School and their present and former trustees, officers, directors, boards, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all demands, actions, suits, proceedings, damages, claims and liabilities of any kind, whether known or unknown, which arise from or are connected with my or the Minor's participation in the event.

I am aware that in addition to typical activities such as field trips, Immanuel's bus transportation, and day camp functions; that the Minor may participate in various other activities that may involve some risks, such as service projects and recreational activities. I have read the informational materials about Immanuel's Day Camp and the site and understand the risks involved in the planned activities. I recognize that the conditions, equipment or standards in some of the places which the Minor will travel may not be of the same quality level or standards as the conditions, equipment or standards to which I am accustomed. I realize further that there are certain health risks as well as other risks the Minor and our property. I enter into participation in this Event with knowledge of those risks and acceptance of responsibility for any harm, injury or damage resulting therefrom. If for any reason I am unable to complete my stay at the Event, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or the Minor, to consent to: any x-ray, examination; medical dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect to be contacted or my family contacted as soon as possible.

I understand that this document constitutes a full and complete waiver & release of any & all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my or the Minor's participation in the Event.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected risks, damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those not disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church and School, and their agents, servants, successors, assigns, boards, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or the Minor or on our behalf, related to or resulting from any occurrence, act or omission during the Event, or travel to and from the Event.

I also hereby release and waive any and all claims for liability against any of the host institutions and the employees, agents, officers, directors, shareholders, contractors and assigns of such host institution or the owner of any sites that I or the Minor may be at during the Event.

By acceptance of participation in the Event, the undersigned agrees to the foregoing and also agrees that the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Lutheran Church & School, and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation, equipment, strikes, acts of war or insurrection, fire, delays, theft or itinerary or schedule changes or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.

I certify the information provided is correct and I have read the LIABILITY WAIVER RELEASE above and understand its contents. I agree to its terms and sign this of my own free act and deed.

Minor Participant's Printed Name \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address & Phone (if not provided on Page-1): \_\_\_\_\_

