



# Caught up in Creation

## South Minneapolis Day Camp

June 22-26, 2015

We'll be romping around in Genesis,  
getting our hands dirty gardening,  
learning about solar panels, composting, making art, and more!



### \* More Information \*

**What:** A progressive ecumenical summer day camp experience in South Minneapolis offering faith formation in a fun, safe, Christ-centered and relational setting. Includes worship, crafts, games, lunch, and field trips.

**When:** June 22-26, 9am-4pm Monday through Friday

**Where:** Bethel Lutheran Church, 4120 17<sup>th</sup> Ave. S, Minneapolis 55407

**Who:** 4 year-olds to 6<sup>th</sup> graders

**Cost:** \$25 per camper, \$60 max for families. Scholarships are available.

**Opportunity to give more:** Our registration fee doesn't cover our costs. If you can afford to give more, please consider it. We will use the money to stipend youth volunteers and for needed supplies.

**Sponsoring Congregations:** Our Saviour's Lutheran, Bethel Lutheran, Calvary Lutheran, First Christian (Disciples of Christ), First Congregational UCC, Zion Lutheran, Salem Lutheran, St. John's Lutheran, Augustana Lutheran, Lyndale UCC, Lake of the Isles Lutheran, Living Table UCC, St. James on the Parkway (Episcopal), Lake Nokomis Presbyterian

**Please complete your registration** by mailing this completed form with your payment or scholarship request to Martha Bardwell, director of day camp. Please register by June 1. We must have a signed form for every child participating on their first day of camp.

Martha Bardwell  
Our Saviour's Lutheran Church  
2315 Chicago Ave.  
Minneapolis, MN 55404

### Registration Information

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
please print (LAST Name) (FIRST Name)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade Entering Fall '15: \_\_\_\_\_

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

If your child is affiliated with a church, which one? \_\_\_\_\_

Responsible Parent/Guardian: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

(Day Time Phone)

(Evening Phone)

(Cell Phone)

Additional Emergency Contact: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Additional Individuals Authorized for drop-off and pick-up

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

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

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

**Health and Medical Information:**

Is camper covered by health insurance: Yes/No (Circle One)

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Does your child have ALLERGIES (including food allergies): Yes/No (circle one)

Please list and describe reaction and management: \_\_\_\_\_

\_\_\_\_\_

Will your child need to take any medications during Day Camp hours (9 am – 4 pm)? Yes/No

Medication Name	Dosage	Time Taken	Reason for Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medical conditions, physical or learning challenges, any emotional or behavioral concerns, strategies for better engaging your child, and/or other relevant information:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Authorization**

1. In the event that my child needs immediate medical attention for injuries received while participating in Day Camp activities, I authorize the staff to give my child reasonable first aid, and to arrange transportation of my child to a healthcare facility as needed. If I cannot be reached, I hereby give permission to the physician selected by the Day Camp to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Information received may need to be shared with medical providers. My child has permission to be transported as needed for field trips, inclement weather, or late pick-up. I also give permission for my child to participate in walking field trips.
3. During morning drop-off, the responsible party will indicate in writing who will pick-up the child at the end of Day Camp. The responsible party will notify Day Camp if that information changes during the day.
4. If my child requires the use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or in his/her personal belongings each day of camp. If Day Camp staff is required to administer and use the epi-pen, I agree to forever release and discharge the Day Camp staff from all liability arising out of or resulting from use or administration of the epi-pen.
5. I give my permission for Day Camp staff to administer sunscreen as needed.
6. I voluntarily waive any claim against the sponsoring organizations/congregations and volunteers.
7. I consent to the use of photography of my child in appropriate Day Camp publicity.

(Signed) \_\_\_\_\_