



Blessed 2 Be

South Minneapolis Day Camp June 19 - 23, 2017

Come and learn about how we are blessed by God to be a blessing in the world through music, story, art, play, field trips, and more!



What: A progressive ecumenical experience offering faith formation in a fun, safe, Christ-centered and relational setting. Worship, crafts, games, lunch and field trips.

When: June 19 - 23, 9am-4pm, M-F

Where: Bethel Lutheran Church, 4120 17th Ave S, Minneapolis MN 55407

Who: Entering K - Entering 8th graders

Cost: \$25 per camper, \$60 max for families. Make checks payable to First Congregational UCC. Scholarships available.

Opportunity to give more: Our registration fee doesn't cover costs. If you can afford it, please consider giving more. We'll use your donation to stipend youth volunteers and for supplies.

Sponsoring congregations: Our Saviour's Lutheran, Bethel Lutheran, Calvary Lutheran, First Christian (Disciples of Christ), First Congregational UCC, Zion Lutheran, Judson Memorial Baptist, University Lutheran Church of Hope, Salem Lutheran, St. John's Lutheran, Augustana Lutheran, Lyndale UCC, Lake of the Isles Lutheran, Living Table UCC and Living Spirit UMC.

Registration Deadline: Please register your child(ren) by June 1. Mail or otherwise bring this form along with your payment to: Sarah Tittle, First Congregational Church UCC, 500 8th Ave. SE, Minneapolis, MN 55414. **Questions?** Contact Daniel Romero, Minister of Faith Formation at First Congregational UCC. Daniel is co-directing the camp along with Martha Bardwell and Deb Murphy. Call him at: 612-331-3816, or email him at: dromero@firstchurchmn.org.

Child's Name: _____ Gender: _____

Birth Date ____/____/____ Age _____ Grade Entering Fall '17: _____

Address: _____

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

Responsible Parent/Guardian: _____

E-mail address: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Address _____

Name of additional emergency contact: _____ Phone: _____

Relationship to camper: _____

Additional individuals authorized for drop-off and pick-up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Health and medical information for _____ (child's name).

Is Camper covered by health insurance? Yes / No (circle one)

Company _____ Policy Number: _____

Group Number: _____

Does your child have any **allergies** (including food allergies)? Yes / No (circle one)

Please list and describe reaction and management: _____

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

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 my child needs immediate medical attention for injuries receives while participating in Day Camp, I authorize the staff to give my child reasonable first aid, and to arrange the 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 injections, anesthesia, or surgery for my child as named on this form. 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.
2. 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 are 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 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) _____ Date: ____ / ____ / 2017