**Resurrection Lutheran Church**

**Family Fun Camp Registration Form** August 2-7, 2021, 5:30-8:00pm

 **Camp Resurrection**

Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. M or F Birthdate\_\_\_\_\_\_\_\_

Age\_\_\_\_ Last Grade Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home and Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food/MedicationAllergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Info/Concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FFC is recommended for children ages 3 to 12 years old. Youth must be accompanied by at least one adult.

**Permission Release Form:** I give permission for my child to attend Family Fun Camp. I hereby release Resurrection Lutheran Church, Tacoma, WA, its staff and volunteers from responsibility and liability for any injury that my child, guardian, or myself may sustain during this time. If I am unable to be contacted during this time, I hereby authorize one of the adult leaders of Resurrection Lutheran Church as agent for me, to consent to any x-ray examination, medical dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, dentist or surgeon (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctors’ office or in any hospital. I expect to be contacted as soon as possible.

**Parents/Guardian’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: In case of emergency, please list someone who is within 15 minutes of Resurrection Lutheran Church whom you wish to be contacted in your absence.

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home and Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photograph Permission:

May we have permission to photograph you and your child? Yes or No

May we have permission to use you and/or your child’s photo on our website as PR, [www.resurrectionlutherantacoma.org](http://www.resurrectionlutherantacoma.org)? Yes or No

This completed registration can be mailed to Resurrection Lutheran Church, 4301 Browns Point BLVD NE, Tacoma, WA 98422, ATTN:FFC or email: churchoffice@resurrectionlutherantacoma.org. Question? Please call us at 253-927-3301.