

2018 Messiah Summer Camp Registration (3-12)

Camper Name _____ DOB _____ Age _____
Last, First MI mm/dd/yy

Parent/Guardian _____ Cell Phone _____
Last, First

Parent/Guardian _____ Cell Phone _____
Last, First

Contact Email _____

Address _____
Street City State Zip

June 4th-8th Fantasy Land	M-F 8:30AM- 2:30PM	M-F 8:30AM- 12:00PM	M,W,F 8:30AM- 2:30PM	M,W,F 8:30AM- 12:00PM	Tu,Th 8:30AM- 2:30PM	Tu,Th 8:30AM- 12:00PM
	<input type="checkbox"/> \$195	<input type="checkbox"/> \$145	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$80	<input type="checkbox"/> \$60

June 11th-15th A Pirate's Life	M-F 8:30AM- 2:30PM	M-F 8:30AM- 12:00PM	M,W,F 8:30AM- 2:30PM	M,W,F 8:30AM- 12:00PM	Tu,Th 8:30AM- 2:30PM	Tu,Th 8:30AM- 12:00PM
	<input type="checkbox"/> \$195	<input type="checkbox"/> \$145	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$80	<input type="checkbox"/> \$60

June 18th-22th Under the Big Top	M-F 8:30AM- 2:30PM	M-F 8:30AM- 12:00PM	M,W,F 8:30AM- 2:30PM	M,W,F 8:30AM- 12:00PM	Tu,Th 8:30AM- 2:30PM	Tu,Th 8:30AM- 12:00PM
	<input type="checkbox"/> \$195	<input type="checkbox"/> \$145	<input type="checkbox"/> \$120	<input type="checkbox"/> \$90	<input type="checkbox"/> \$80	<input type="checkbox"/> \$60

Camper Name	DOB	Age
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MI

mm/dd/yy

June 25th-29th Kids in the Arts	M-F 8:30AM- 2:30PM	M-F 8:30AM- 12:00PM	M,W,F 8:30AM- 2:30PM	M,W,F 8:30AM- 12:00PM	Tu,Th 8:30AM- 2:30PM	Tu,Th 8:30AM- 12:00PM
	<div> <div></div> <div>\$195</div> </div>	<div> <div></div> <div>\$145</div> </div>	<div> <div></div> <div>\$120</div> </div>	<div> <div></div> <div>\$90</div> </div>	<div> <div></div> <div>\$80</div> </div>	<div> <div></div> <div>\$60</div> </div>

July 9th-13th Zootropolis	M-F 8:30AM-2:30PM	M-F 8:30AM-12:00PM	M,W,F 8:30AM-2:30PM	M,W,F 8:30AM-12:00PM	Tu,Th 8:30AM-2:30PM	Tu,Th 8:30AM-12:00PM
	<div> <input type="checkbox"/> </div> \$195	<div> <input type="checkbox"/> </div> \$145	<div> <input type="checkbox"/> </div> \$120	<div> <input type="checkbox"/> </div> \$90	<div> <input type="checkbox"/> </div> \$80	<div> <input type="checkbox"/> </div> \$60

Total Amount: \$ _____

**50% Messiah deposit: \$ _____ due with registration
(remainder due the Monday of each camp)**

Registration ends May 18^h. A 50% nonrefundable deposit is due at the time of registration with the remaining camp balance due at the beginning of each camp week. A \$10 fee will be added each day the balance is late.

Prices reflect on time registration. Add \$20/week if registration forms and deposit are not turned in by May 18th.



Messiah Lutheran Church **Release & Hold Harmless Agreement**

The undersigned desires to participate in various programs, events or activities (hereinafter collectively referred to as "Activities") operated or sponsored by **Messiah Lutheran Church**, as well as Activities operated by third parties but conducted on or in **Messiah Lutheran Church** properties.

IN CONSIDERATION of being permitted to participate in any way in **Messiah Lutheran Church** related activities I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE, AGREE, AND REPRESENT** that I understand the nature of related activities, and willingly agree to comply with the stated and customary terms and conditions of participation.
2. **FULLY UNDERSTAND** that: (a) **Messiah Lutheran Church** related activities **INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS")**; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**; (c) there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; **and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE MESSIAH LUTHERAN CHURCH**, its groups and organizational affiliates, their respective administrators, trustees, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, and, if applicable, owners of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, OR DAMAGE.**
4. **I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

Camper Name (please Print)

Guardian Name (if applicable) printed

Signature of guardian

Date

Email Address

Phone Number

MESSIAH LUTHERAN CHURCH Representative

Printed name and date of receipt

Messiah Lutheran Church

Sports and Recreation Activity

Emergency Contact and Medical Information for a Child

☐ M ☐ F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

Medical Information

Preexisting Medical Conditions

Medications needed due to preexisting conditions.

Allergies (including medication reactions)

Any other special needs for child

Primary Care Physician

Phone

Insurance Coverage for Child

Policy Name and Number

Group Number

Medical Care Release (parent/guardian's signature is required for each item below to indicate parental consent)

In case of an emergency, I give Messiah Lutheran permission to:

Obtain Emergency Care

Signature of Parent/Guardian

Date

Administer First Aid

Signature of Parent/Guardian

Date

Use of Photographs in
future advertisement

Signature of Parent/Guardian

Date