

St. Andrew Summer Camp Helper Information Form 2018

Name _____ Grade in Fall 2018 _____

Mailing Address _____

Town/ST/Zip _____

Email Address _____

I'd like to help with:

_____ Kinder Camp (3-5 year olds) July 9th -13th ... 9:00 a.m. - 1:00 p.m.
 __ M __ T __ W __ TH __ F

_____ Day Camp (1st - 5th graders) July 23th – 27th ...9:00 a.m. - 3:00 p.m.
 __ M __ T __ W __ TH __ F

_____ Beach Camp (6-9th graders).....July 16th – 20th10:00 a.m.- 3:00 p.m.
 _____ M _____ T _____ W _____ Th _____ F _____ Kayaking Only

_____ A.M. _____ P.M.

T-Shirt Size: *[If you'd like a t-shirt, please add \$5.00 to your registration fee]*

Youth L

Adult S

Adult M

Adult L

Adult XL

Adult XXL

Parent's Name(s) _____ Home Phone _____

Cell Phone _____

Emergency Contact (*during camp hours*) _____

Phone _____

My child is allergic to the following foods, medicines, etc: _____

If I, or my emergency contact person, are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____ Print Name Here _____

Photo Release

Please sign the appropriate statement to either Grant **OR** Refuse permission to use pictures of your children on the church website and/or for other church publicity. Please return this form to the church office.

I, _____ (Please print your name) **GRANT permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____ [Sign Here]

OR

I, _____ [Please print your name] **DO NOT grant permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____ [Sign Here]