

# St. Andrew Summer Camp Helper Information Form 2019

Name \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/ST/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

## I'd like to help with:

\_\_\_\_\_ Kinder Camp (3-5 year olds) ..... July 8<sup>th</sup> -12<sup>th</sup> ... 9:00 a.m. - 1:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F

\_\_\_\_\_ Beach Camp (6-9<sup>th</sup> graders).....July 15<sup>th</sup> – 19<sup>th</sup> ....10:00 a.m.- 3:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F or \_\_\_\_\_ Kayaking Only

\_\_\_\_\_ Day Camp (1<sup>st</sup> - 5<sup>th</sup> graders) ..... July 29<sup>th</sup> – August 2<sup>nd</sup> ...9:00 a.m. - 3:00 p.m.  
\_\_ M \_\_ T \_\_ W \_\_ TH \_\_ F

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

**T-Shirt Size:** *[If you'd like a t-shirt, please indicate your size]*  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]