**Advent Day Camp Registration 2018**

Friday, December 21, 2018

10am – Drop Off.

2:30 – Pick up with songs and cookies!

Suggested Donation: $5 at the door

**Return to Holy Trinity Lutheran (405 W Main Street or** **office@holytrinitywytheville.org****) by December 12 to reserve your spot! Please fill out one form per child.**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Work or Cell Phone# (How can we reach you on Dec 21?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Holy Trinity Lutheran Church, St. John’s Episcopal Church, and Wytheville Presbyterian Church may use my child’s photograph without name on their respective websites, newsletters, and social media accounts. Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**To whom it may concern: the undersigned does hereby give permission for our (my) child,**

(name of child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to attend and participate in all activities sponsored by Holy Trinity Lutheran Church, St. John’s Episcopal Church, and Wytheville Presbyterian Church, Wytheville, VA during the calendar year listed at the top of this form.

The undersigned authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis and/or treatment to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Holy Trinity Lutheran Church, St. John’s Episcopal Church, and Wytheville Presbyterian Church.

I have read, understood, and consent to all parts of the Parent Consent & Release of Liability Form and hereby remise, release and forever discharge Holy Trinity Lutheran Church, St. John’s Episcopal Church, and Wytheville Presbyterian Church, its agents, servants, and all other persons, firms and corporations whosoever of and from any and all actions, claims, and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty, and/or event which might happen while under the direction of St. Thomas Lutheran Church ministries. I further understand that there is no Worker’s Compensation or Accident Insurance furnished by Holy Trinity Lutheran Church, St. John’s Episcopal Church, and Wytheville Presbyterian Church .

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

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_