

Mail or Drop form/payment:Christ Lutheran Church
510 Luther Drive

Georgetown, TX 78628

Ph 512.863.2844 Fax 512.863.6735

Email form/questions to Carleen Springall@ youthandfamily@clcgtm.org**CROSS TRAILS MINISTRY****REGISTRATION FORM****July 23-27, 2018**

8:30am-3:30pm

For youth who have completed K-5th

\$65 per child

Checks payable to

Christ Lutheran (Memo:Day Camp)

	FULL NAME	GENDER (M/F)	BIRTH DATE (MM/DD/YY)	GRADE COMPLETED in 2017-18	ALLERGIES (Food, Medicine, Insects)	T-SHIRT SIZE (circle one)
Child 1						6-8 10-12 14-16
Child 2						6-8 10-12 14-16
Child 3						6-8 10-12 14-16

Street Address:	City/St/Zip:
Parent #1:	Parent #1 email:
Parent #2:	Parent #2 email:
Parent #1 Cell:	Parent #1 Work #:
Parent #2 Cell:	Parent #2 Work #:
Emergency Contact (Other than parent):	Emergency Contact #:
Physician:	Physician phone #:
Insurance Provider:	Policy#/Group#:
Home Church/City:	
People who are authorized to pick up your child at Day Camp (other than parents) AND their phone #:	
1.	
2.	
3.	

EMERGENCY RELEASE: I will not hold Cross Trails Ministry, its staff or the congregational volunteers responsible for accidents, claims and damages arising from my child's (children's) participation in Day Camp activities. I also give Cross Trails Ministry permission to use and photograph/video of me or my child (children) taken at Day Camp for present and future promotional materials for its sites & programs.

Parent/Guardian Signature: _____ Date: _____