

**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](mailto:youthandfamily@clcgtm.org)**CROSS TRAILS MINISTRY****REGISTRATION FORM****July 22-26, 2019**

8:30am-3:30pm

For youth who have completed K-5th

\$70 per child

Checks payable to

Christ Lutheran (Memo:Day Camp)

	FULL NAME	Preferred Name	Gender (M/F)	BIRTH DATE (MM/DD/YY)	Grade Completed in 2018-19	ALLERGIES (Food, Medicine, Insects)	YOUTH 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

<b>Street Address:</b>	<b>City/St/Zip:</b>
<b>Parent #1:</b>	<b>Parent email:</b>
<b>Parent #2:</b>	<b>Home Ph #</b>
<b>Parent #1 Cell:</b>	<b>Parent #1 Work #:</b>
<b>Parent #2 Cell:</b>	<b>Parent #2 Work #:</b>
<b>Emergency Contact (Other than parent):</b>	<b>Emergency Contact #:</b>
<b>Physician &amp; Ph#:</b>	<b>Special interests/hobbies:</b>
<b>Insurance Carrier:</b>	<b>Policy#/Group#:</b>
<b>Any restrictions to physical activity:</b>	<b>Home Church/City:</b>
<b>People who are authorized to pick up your child at Day Camp (other than parents) AND their phone #:</b>	
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: \_\_\_\_\_