



# FirstLutheran School Summer Day Camp Program Registration 2010

(Students that have NOT attended First Lutheran will need to furnish proof of immunization)

## Hello and Welcome to First Lutheran!

I would like to take this opportunity to tell you more about First Lutheran School's Summer Day Camp. Our camp begins on May 24<sup>th</sup> and runs through August 6<sup>th</sup> with the exception of Memorial Day (May 31<sup>st</sup>) and Independence Day (observed July 2<sup>nd</sup>).

Summer Camp hours are 6:30 a.m. to 6:00 p.m., five days per week and includes lunch (except the first two weeks and last week of camp) and two snacks each day of attendance, and all activities. Each year we embark on a new summer journey focusing on weekly themes. The days are filled with activities such as Music, Games, Arts and Crafts, Cooking, Computer Class, Science, Spanish, Cooking, Literature, Water Day and a Movie of the Week complete with popcorn, juice and a treat!

We have been blessed with safe, fun Summer Camps since the early seventies and still enjoy meeting new friends and learning more of Jesus. Program orientation items of importance are attached and the registration form is on the back of this page.

The entire First Lutheran Summer Day Camp Staff is so excited to have you learn about our program and hope that you allow your young one to join us and enjoy the summer as much as we do. If you have questions, concerns or suggestions, please feel free to contact me, my door is always open and I am happy to listen.

In His Service,

Penny Wright, Director  
First Lutheran Summer Day Camp  
[pwright@firstlutheranschool.com](mailto:pwright@firstlutheranschool.com)  
865-523-9298

Office Use: New or Returning Registrant

Registration: \_\_\_\_\_ Registration Payment: \_\_\_\_\_ Immunization: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician: \_\_\_\_\_

Scheduled Vacation: \_\_\_\_\_ Scheduled Vaction: \_\_\_\_\_

Circle Tee Shirt Size if registered before May 1, 2010: **YS (6-8)** **YM (10-12)** **YL (14-16)**



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Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other school or preschool attended: \_\_\_\_\_

Level Completed: \_\_\_\_\_ Do you plan to return to this school in 2010/2011? \_\_\_\_\_ If NOT, please briefly explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Recognizable Allergic Reactions or Symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Children with food allergies are required to attach a physician's statement of the nature of the allergy and the emergency plan for this child.)

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

EC Home Phone: \_\_\_\_\_ EC Cell Phone: \_\_\_\_\_

Your signature gives the permission for emergency treatment at ST. MARY'S MEDICAL CENTER in the event none of the above can be reached. *Parent/Legal Guardian Signature:* \_\_\_\_\_

I understand that a \$60.00 per child (non refundable) registration fee is required with the completed registration form and all vital information. I understand that my child may NOT attend without PRE-PAYMENT for each week. Please indicate the days of the week that your child will be attending understanding that payment is due for the days indicated regardless of attendance with the exception of scheduled vacation time or illness. Scheduled vacation time must be communicated to the Summer Day Camp Director in advance, if not; you will be responsible for the regular amount of payment for the time absent. If your child misses attendance, due to illness and a physician's note is given to the director, you may make up the day(s) missed without additional charge, otherwise regular scheduled attendance day charges will apply.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**CONSENT STATEMENTS - Valid for Summer Day Camp 2010**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**MINOR FIRST-AID CONSENT**      YES  NO

I agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I understand that an incident report will be emailed to me (or a copy sent home with the student in the event email is not available) If my child receives a minor injury during the school day, I/we consent to the application of the following:

- Hydrogen peroxide spray for cleaning minor wounds
- Neosporin or equivalent antibiotic ointment
- Vaseline or equivalent for chapped lips/skin
- Band-aids or appropriate wound dressing (products may include latex)

**SUNSCREEN**      YES  NO

We will spend a lot of time outdoors during the summer, and students need to be protected from the sun! Sunscreen must be applied on the child prior to their arrival each day at summer day camp. Please be sure to send a bottle of SPRAY sunscreen, clearly labeled with the child's name, to be applied later in the day after activities. I will provide spray sunscreen for my child and agree that staff may apply as needed.

**PUBLICITY CONSENT**      YES  NO

I/We agree to permit First Lutheran School and its designees to use the photographic likeness and/or artistic, musical or written work of \_\_\_\_\_ for school purposes. I understand that FLS may use the Student's likeness and work with or without associating the student's name. I further waive any claim for compensation of any kind for FLS use or publication of the student's likeness or work. And, I hereby fully and forever discharge and release FLS from any claim for damages of any kind arising out of the use or publication of the Student's Likeness or Work, and covenant and agree not to sue or otherwise initiate legal proceedings against the School for such use of publication. These grants of permission and consent and all covenants, agreements, and understandings set forth here are irrevocable. I also understand that if any portion of this agreement is deemed to be ineffective, the remaining provisions shall continue to be effective.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

## Minor Model Release

In consideration of my engagement as a model, and for other consideration herein acknowledged as received, I hereby grant to First Lutheran Church and School ("Photographer"), legal representatives and assigns, successor in interest, those for whom Photographer is acting, and those acting with his/her authority, and permission, the irrevocable and unrestricted right and permission to copyright, in his/her own name or otherwise, and use, re-use, publish, and re-publish Photographer's portraits or pictures of me or in which I may be included, in whole or in part, including but not limited to composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge, and agree to save harmless Photographer, his/her legal representatives of assigns, and all persons acting under her/her permission or authority or those for whom he/she is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, where intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have every right to contract for the minor(s) in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Date: \_\_\_\_\_ Minor's name(s) \_\_\_\_\_

Parent/Guardian signature:

Address: \_\_\_\_\_

Witnessed by:

# FIRST LUTHERAN SCHOOL MEDICAL EVALUATION

(To be completed by parent/guardian)

In the event that your child requires a visit to the hospital /doctor while under the supervision of the school, this form will allow the hospital/doctor to treat the injury. The child will be transported to the nearest emergency room unless written request for alternate is received.

## EMERGENCY INFORMATION

Student: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy and Group #'s \_\_\_\_\_

## ALLERGIES AND TREATMENT PLAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergist & Phone: \_\_\_\_\_

If medication is required to be stored at school, a physician's plan of treatment must be attached. *Medication will not be dispensed without treatment plan and authorization from the student's physician. A parent consent form must also be attached.* These forms will be valid for the current school year and are available in the school office or the student's physician.

## Medical Evaluation Form

(Explain all "Yes" Answers on Reverse)

1. Has student ever been hospitalized? \_\_\_YES \_\_\_NO

2. Has student ever had surgery? \_\_\_YES \_\_\_NO

3. Is student presently taking any medications? \_\_\_YES \_\_\_NO

List medications/dosage \_\_\_\_\_

4. Has student ever passed out from exercise? \_\_\_YES \_\_\_NO

5. Has student ever had high blood pressure? \_\_\_YES \_\_\_NO

6. Has student been diagnosed with a heart murmur? \_\_\_YES \_\_\_NO

7. Has student ever had a head injury requiring hospitalization? \_\_\_YES \_\_\_NO

8. Has student ever had a seizure? \_\_\_YES \_\_\_NO

9. Has student ever had heat or muscle cramps? \_\_\_YES \_\_\_NO

10. Has student ever been dizzy or passed out from the heat? \_\_\_YES \_\_\_NO

11. Does student have trouble breathing or coughs during or after activities? \_\_\_YES \_\_\_NO

12. Does student use special equipment (pads, braces, neck roll, and mouth/eye guard)? \_\_\_YES \_\_\_NO

13. Has student had any vision or eye problems? \_\_\_YES \_\_\_NO

14. Does student wear glasses, contacts, or protective eyewear? \_\_\_YES \_\_\_NO

15. Has student sprained/strained/ dislocated/fractured/broken or had repeated swelling of any bone or joint?

16. \_\_\_ Head \_\_\_ Thigh \_\_\_ Neck \_\_\_ Elbow \_\_\_ Knee \_\_\_ Chest \_\_\_ Forearm \_\_\_ Shin/Calf \_\_\_ Back \_\_\_ Wrist \_\_\_ Ankle \_\_\_ Hip  
\_\_\_ Hand \_\_\_ Foot

17. Does student have any other medical issues? Please check appropriate boxes and explain on reverse

\_\_\_ Hearing impairment \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Frequent upset stomach \_\_\_ frequent headache

\_\_\_ frequent sore throat

Date of last tetanus booster? \_\_\_\_\_

**Please read and sign this form**

I/We, the undersigned parent(s) and/or legal guardian(s) of \_\_\_\_\_ a minor child, do hereby authorize First Lutheran School, and/or any other adult appointed or designated by the school, to consent to and employ any such medical, surgical and dental care for minor child, including any diagnostic tests, medical, surgical or dental procedure or treatments deemed therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care. FLS may admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical or dental care being required, but is given to provide authority to obtain such care if it should be required.

IN WITNESS WHEREOF, I/We have executed this "Authorization or Consent to Medical and Dental Care" this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

Date: \_\_\_\_\_

State of Tennessee

County of Knox

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, personally appeared, and known to me to be the person(s) who executed the above consent and stated that it was executed as his/her/their free act and deed.

\_\_\_\_\_  
Kim Marie Smith, Notary Public

My Commission Expires August 12, 2012

Explain yes answers from reverse here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_