



# Trinity Lutheran Church and School

## CELEBRATE SUMMER PROGRAM 2016



Camper's Name \_\_\_\_\_  
(Please print)

Date of Birth \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_  
(Mother's First & Last) (Father's First & Last)

Address \_\_\_\_\_  
(Street) (Town) (Zip)

Home Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_  
(Mother) (Father)

Cell Phone \_\_\_\_\_  
(Mother) (Father)

When neither parent can be reached and my child is sick or injured, please call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give permission to the staff of Trinity Lutheran Summer Program to administer First Aid to my child. In an emergency, when the parents and the person listed above cannot be reached, I authorize that appropriate measures be taken to secure treatment, including arranging for transportation to the nearest emergency room.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**