

Lighthouse Ministry, Inc. Summer Camps 2017 Registration Form and Consent and Release Form

Name of Camper _____ Age _____ Birthdate ____/____/____

June 26-29 (Mon-Thurs) Drama Camp-Ages 8-13
(1-4pm) @ First Presbyterian Church

July 10-13 (Mon-Thurs) Art Camp-Ages 10-13
(1-4pm) @ First Presbyterian Church

July 25-27(Tues-Thurs) Lego Camp-Ages 6 and up
(2-4pm for_@ First Presbyterian Church)

I want to be on the list for activities at the Olive Street Community Garden throughout the summer- under 18- fill out attached registration/permission form

grades 3-5

grades 6-8

High School

Adult (18 and over) contact info _____

Lighthouse Summer Camps are free, day camps for Salem area youth. Age range 6-14. The programs are led by the City Lights (Lighthouse Youth Volunteers ages 13 up to young adult) and supervised by Lighthouse staff and approved, screened adults from local churches. Our goal is to train up our older youth in Christian leadership and service while providing enrichment activities for younger children throughout the summer. For more information about Lighthouse Summer Day Camps, contact Beth Davenport or Chanda Williams@ 935-2148.

Registration Form and Consent and Release Form
may be dropped off at the First Presbyterian Church Office
or placed through the mail slot in the front door.

Register by June 9th.
Preference given to Salem residents but open to all depending on availability.

Lighthouse Ministry/Olive Street Community Garden Participation Permission Slip

Participant _____

Grade completed: _____ M _____ F Birthdate ____/____/____

Participation Consent

I hereby give permission for my child to participate in the camp programs sponsored by the Lighthouse Ministry, Inc. I am aware of and assume all risks and hazards incidental to such participation, and I do hereby waive, release, and agree to hold harmless the Lighthouse Ministry, Inc., First Presbyterian Church of Salem, and the City of Salem, sponsors, volunteers and staff, for any claim arising out of injury to my child. ***I also certify that I have registered my child and included phone numbers where a responsible adult can be reached in the case of emergency during the camp hours and that the information is correct and up to date.***

Medical Consent

I give the staff Lighthouse Ministry, Inc. permission to treat my child, _____, for injuries incurred while at camp. I also give permission for the staff of Lighthouse Ministry, Inc. to relate pertinent health information, as related to playing status, to one another. Said medical information is not to be shared outside Lighthouse Ministry, Inc. staff, unless it is to medical professionals in the case of emergency treatment.

My child does/does not have any pre-existing medical conditions. Any pre-existing conditions are listed and described below (please include any **allergies to food, insect, medication, dates of surgery, treating physician information, required regular treatments and limitations**).

Pre-existing medical conditions/limitations/allergies _____

Photo consent

I give permission for my child to be photographed and to allow Lighthouse Ministry, Inc. to use any photos of my child as they alone shall decide, such as promotion of programs and grant applications.

I give camp supervisors permission to release my child at dismissal to the following people:

(Name) _____ (relationship to camper) _____

(Name) _____ (relationship to camper) _____

By my signature below, I agree to the Participation, Medical and Photo Consent statements above:

Parent /Guardian Signature _____ Date _____

Address _____ Phone# _____

Emergency contact name _____ Phone# _____

Phone number receiving texts/or email to be added to the Remind.com for camp reminders:

Cell# _____ or email- _____ @ _____