

# Prince of Peace Lutheran Church

## 2008 SportsLife Camp Registration

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mother's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell phone/pager \_\_\_\_\_

**Please check membership / attendance status:**

- Prince of Peace Member
- Member of another church (Where? \_\_\_\_\_)
- Not a church member

**We are registering for:**

- SportsLife Camp: \$70 per child- includes all activities, snacks and T-Shirt-list shirt size below  
 \_\_\_\_\_ small (6-8) \_\_\_\_\_ medium (10-12) \_\_\_\_\_ large(14-16) \_\_\_\_\_ adult medium \_\_\_\_\_ adult large

**Total Paid: \$** \_\_\_\_\_ (make checks payable to Prince of Peace Lutheran Church)

**Children's Information: (Please note that this camp is open to children age 6-11 only)**

Last Name	First Name	Birth Date	Current Grade in School	Main Event Choice*

*\*Choose from one of the following combo's for your main event:*

Basketball/Street Hockey  
Dance/Cheerleading

Soccer/Ultimate Frisbee  
Arts Extravaganza

*(This will be your main focus for the week, but you will do other activities as well.)*

***Don't forget to fill out the back →***

Please let us know if any of your children have any special needs that we need to be aware of- i.e. food allergies, environmental allergies, learning disabilities, physical disabilities-anything you want us to know about your child so we can serve you better. **Please be as specific as possible.** If you have questions, please contact the Director of Children's Ministry.

Child's Name	Grade	Allergies, Medical Conditions, Special Needs

**Publicity Permission:**

We will be taking pictures and possibly videos throughout the week of various activities and these may be used for publicity purposes on our web site, in our monthly Children's Ministry newsletter, in our church newsletter, and on flyers and invitations used to promote our program. No names. Only pictures will be used. Please sign below, indicating your permission to use your child's photograph for these purposes.

I give my permission for Prince of Peace Lutheran Church to use my child's photograph for publicity purposes for its Children's Ministry Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Medical Release / Liability Waiver:**

As a parent or guardian, I do herewith authorize the treatment, by a qualified and licensed doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release is effective from August 11, 2008, through August 14, 2008.

Name(s) of Minor(s) \_\_\_\_\_

Emergency Contact (other than yourself) \_\_\_\_\_ phone \_\_\_\_\_

Emergency Contact (other than yourself) \_\_\_\_\_ phone \_\_\_\_\_

Family Physician \_\_\_\_\_ phone \_\_\_\_\_

This release form has been completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. In addition, I, the undersigned, waive responsibility of Prince of Peace Lutheran Church and all workers of the Children's Ministry program if accident or injury occurs to my child under normal circumstances of participation in the Prince of Peace Children's Ministry Programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

-----  
For office use:

Date processed \_\_\_\_\_ By \_\_\_\_\_ Camp Confirmation sent \_\_\_\_\_