



# 2015 Day Camp Registration Form

For

**TABOR LUTHERAN CHURCH**

**SUNDAY, JULY 19 TO THURSDAY, JULY 23, 2015**

**5:30-6:00 P.M. LIGHT MEAL – 6:00-7:30 VBS ACTIVITIES**

Please fill out all information completely. Personal information will not be shared with organizations other than the church and camp. You will not receive mailings from RTALC based on information shared here unless you check that you would like to below.

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## **Please Return Registration Form To:**

**TABOR LUTHERAN CHURCH, 102 E. ORMAN AVE., PUEBLO, CO 81004  
OR CYRISSE COOLEY OR HELEN PHILIPSEN  
BY WEDNESDAY, JULY 15, 2015**

**ALSO, PLEASE COMPLETE THE HEALTH HISTORY ON THE REVERSE SIDE**

Our Child has permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation (Church). We agree that the Camp, Church, and their personnel will not be held responsible for accidents arising therefrom. I give the Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. I also given permission for photos, video, and electronic images to be taken of me or my child and used for by the Camp or Church for promotional purposes without additional inspection or approval.

\_\_\_ Yes, I would like to receive electronic or print information about Rainbow Trail Lutheran Camp's programs.

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