

DAY CAMP



Come to First Lutheran for Day Camp for 4-5 year olds and K-5th Graders hosted by First, Bethel, and New Salem Lutheran Churches, and LutherCrest Bible Camp!

Each Day from 8am-Noon, Counselors from LutherCrest and Volunteers from the Churches will lead fun activities, crafts, games, worship, and more! WE'LL HAVE A BLAST learning more about God and playing in God's awesome creation!

KICKOFF PICNIC is on Sunday August 7th at First Lutheran Church at 5-7pm. There will be a picnic, games, inflatable bouncy stuff, and a chance to meet the counselors, volunteers, see the site, and get registered and sign medical release forms.

TO SIGN UP:

Complete the form on the back of this sheet before August 1st and return to First Lutheran Church:
900 Bemidji Ave. North, Bemidji, MN 56601.

OR Download or Pick up Registration and Medical release and information forms at from our website at www.flcbemidji.org/daycamp, or at the Church Offices of First, Bethel, or New Salem Lutheran Church. These will be given to the registration table on Monday August 8th when we start our first day of Day Camp.

OR, Register and complete your medical forms at our **KICKOFF PICNIC on August 7th at 5pm at First Lutheran Church.**

WHO: 4-5 year olds, and 2010-11 K-5th Graders (Last School Year)

COST: \$25 for individuals, \$60 for families of three children or more

WHERE: First Lutheran Church, 900 Bemidji Avenue North

WHEN: 8am - Noon August 8th - 11th with Kickoff picnic at 5pm on August 7th

Call 444-5302 for more info or email crichards@flcbemidji.org

FIRST LUTHERAN CHURCH

Day Camp Registration

Please Complete this form, sign, and drop it off at the Church office
or the Drop box in front of the Church Office.

4 & 5 years old • 2010-2011 K-5th Grades

Volunteers: I (*adult or youth entering 6th grade or older*) would like to help with:

- Snacks Daily Volunteer

Student Information:

Student's Name _____

Birth Date _____ Grade child will be in for school year 2011-2012 _____

Are you a member of FLC? _____ Are you a member at another church? _____

Parents Names _____

E:Mail _____ Phone: (cell) _____ (work) _____ (home) _____

Home Address _____

If we can't reach you, who should we contact?

Emergency Contact Name _____ Relationship _____

Emergency Contact Number (s)(home) _____ (cell) _____

Known allergies or medical concerns: _____

First Lutheran Church Medical Release, Indemnification & Photo Release Form

In the event of a medical emergency, I authorize medical treatment for the above named child/youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury arising from or relating to the activities, with the understanding that activities are planned to be safe, fun, and that youth are supervised at all times. I have given my child permission to participate in classes at First Lutheran Church and waive and release any and all suits or demands of any kind or nature to whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph the participant and for those photos to be used by First Lutheran Church in communicating with the congregation and the wider community. I know that I can retract this permission for photo use at any time by contacting the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signed _____ Date _____