



2019 Day Camp Registration Form

For: _____

Please fill out all information completely. Personal information will not be shared with organizations other than 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: _____ Zipcode: _____

Phone: (____) _____ Emergency Phone: (____) _____

Email Address: _____

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 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 compensation, inspection or approval.

Parent/Guardian Signature _____ Date _____

___ Yes I would like to receive information about Rainbow Trail Lutheran Camp's Programs!