

Opposite Way

Day Camp Registration Form

Camper Name _____

Address _____

City _____ State _____ Zip _____

Name of Parent or Guardian _____

Phone (H) _____ (W) _____ (C) _____

Birthday _____ Grade Entering _____

Congregation _____ Dates of Day Camp _____

I hereby enroll and give permission for my child to participate in the planned activities of Camp Omega Day Camp, conducted in partnership with _____ Lutheran Church. I understand I am responsible for transportation to and from Day Camp.

SIGNATURE OF PARENT OR GUARDIAN

X _____

DATE _____

I give permission and consent to allow photographs, videotapes, and interviews to be taken during the camp session. I further give consent that any such images or interviews may be published and used to illustrate and promote the camp and the National Lutheran Outdoors Ministry Association.

SIGNATURE OF PARENT OR GUARDIAN

X _____

DATE _____