



Camp Omega

Traveling Day Camp

Camper Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Parents/Guardians _____

Email _____

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

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

Photography Release

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 _____