



Faith Lutheran Church
Game On! Kids Camp
July 23 - 27, 2018
9 a.m. - Noon

FAMILY REGISTRATION FORM

3 years through completed 5th grade.
Must be potty trained.

REGISTER EARLY!

RATES WILL INCREASE AFTER JUNE 24, 2018!

On or before June 24 cost is: \$25/child, Max of \$60/family
After June 24 cost is: \$30/child, Max of \$70/family

Family Information

Last Name: _____ Parent or Guardian Name(s): _____ \ _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Preferred Email: _____

Parent/Guardian #1 Cell: _____ Parent/Guardian #2 Cell: _____

Yes, we have a church home. Church Name: _____

No, we do not have a church home. We would like more information about Faith.

Disclaimer (Photo and Video Release)

I hereby grant Faith Lutheran Church permission to copyright and use images and videos taken at Kids Camp of any minor(s) designated on the back side of this form in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I understand that there will be no compensation for participating in photo/video shoot.

I DO NOT grant permission as stated above.

Parent or Guardian Signature: _____

List ALL Children to be Registered on Reverse Side

Faith Contact Information

Marla Rose | 859.396.4589 | marla.rose@faithstl.org
Find more information about Kids Camp at faithstl.org



Participant Information

Please list ALL children to be registered:

Eligibility: Ages 3 years old and potty trained by July 23, 2018 through completed 5th grade

Name	DOB (mm/dd/yy)	Gender (M / F)	Grade Completed	T-Shirt Size	Name of Child's Friend*

*** We will make every attempt to place your child(ren) in the same small group as their friend.**

Food Allergies or Special Needs:

Child's Name: _____ Allergies/Special Needs: _____

Child's Name: _____ Allergies/Special Needs: _____

Child's Name: _____ Allergies/Special Needs: _____

Child's Name: _____ Allergies/Special Needs: _____
