

# CAMPER REGISTRATION FORM



**CAMP HOPE MINISTRIES, INC**

**NOTES:**

Invite your friends to camp!

Camper's Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age / Grade Completed: \_\_\_\_ / \_\_\_\_

Medication: \_\_\_\_\_

Dose / Time: \_\_\_\_ / \_\_\_\_

(Provide to Manager in original container with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. Allergies or Dietary Restrictions:

**T-Shirt Size**  
(please circle one)  
Child **S M L**  
Adult **S M L XL**

Attending Camp Hope Week (s)  
Check all that apply

Rate per week \$ 25.00

Week 1 \_\_\_\_\_

Week 2 \_\_\_\_\_

Week 3 \_\_\_\_\_

Attending After Day (AD)

After Day (AD) \_\_\_\_\_

After Day  
is \$ 10 each per week

Family Discount:

If you are registering more than one child,  
you receive a \$20 sibling discount for each child.

Total Amount Due

50% NON-REFUNDABLE Deposit  
(Please attach payment to this form)

Balance Due  
(on the first day of each camp week)

Mailing Address:  
1236 S. Layton Blvd.  
Milwaukee 53215

Phone:  
(414)645-2933

Email:  
adamvue@uwm.edu

Make Checks payable to: **Ascension Lutheran church**



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**PLEASE COMPLETE BOTH SIDES OF THIS FORM.  
Do not leave any blanks empty—for your child's safety!**

Name of Parents \_\_\_\_\_ Home # \_\_\_\_\_

Mom Work/Cell # \_\_\_\_\_ Dad Work/Cell # \_\_\_\_\_

Mom's email address \_\_\_\_\_ Dad's email address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Where do you worship? (Name of congregation, if any.) \_\_\_\_\_

Insurance Company (if none, please indicate as n/a) Policy# \_\_\_\_\_ Phone \_\_\_\_\_

Dr.'s Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact if parent cannot be reached. Please list daytime or cell numbers.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The child registered on this form has my permission to participate in Camp Hope Ministries during indicated sessions. I agree that Ascension Lutheran Church, Camp Hope, LEAD and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself." I know that violation of this covenant can and will result in my child being removed from the program.

I do  / do not  give permission for Ascension Lutheran Church, Camp Hope Ministries, LEAD and or/ the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented.

Parent or Guardian Signature / Date \_\_\_\_\_

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