



# Camp Omega

## Traveling Day Camp

### Camper Registration Form

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Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

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

Parents/Guardian \_\_\_\_\_

Phone Mobile \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Congregation Redemption Lutheran Church Dates of Day Camp June 24-28, 2024

Food Allergies/Diets: Yes / No

If Yes, Please Explain \_\_\_\_\_

Does this camper have any known allergies or health conditions that would require treatment, restrictions, or other accommodations at day camp? Yes/No

If Yes, please explain: \_\_\_\_\_

### Permissions

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I hereby enroll and give permission for my child to participate in the planned activities of Camp Omega Day Camp, conducted in partnership with Redemption Lutheran Church. I give permission and consent to allow photographs, videotapes, and interviews to be taken during the Day Camp session. I further give consent that any such images or interview may be published and used to illustrate and promote the camp, the church, and the National Lutheran Outdoors Ministry Association. I understand and am responsible for transportation to and from Day Camp.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby authorize the Camp Omega staff to administer first aid as deemed necessary well as authorize the medical personnel selected by the camp staff to provide routine health care and emergency medical care by medical staff to hospitalize, secure treatment for, order injection, anesthesia, blood transfusions, or surgery, and to release any records necessary for insurance purposes as well as provide or arrange necessary related transportation for the above named participant. This form may be photocopied.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release and Application for Exemption from Physical Examination and Immunization Requirements**

It is respectfully requested that my child be exempted from the physical examination and all immunization requirements required for attendance at Camp Omega. To the best of my knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

Should my child manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, I agree that a physical examination may be performed. Also, I agree that if any such disease is found, he/she will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary.

I release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of my child

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of my child against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility there for.

\_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Phone