



# IMMANUEL LUTHERAN CHURCH OF ALICE

**Knowing Christ      Living Christ      Sharing Christ**

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## DAY CAMP 2021 HELPER REGISTRATION FORM

**Helpers must have completed 6<sup>th</sup> grade in 2021 to be eligible.**

*This registration FORM is for helpers only. All helpers helping at camp must be pre-registered. Helper is not registered until this form is returned to the church office.*

**One form needed for each helper**

Name of Helper \_\_\_\_\_

Preferred Name (Nick name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

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

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

Grade in school 2020-2021 \_\_\_\_\_ T-shirt size (circle one) 6-8 10-12 14-16 S M L

Home Church \_\_\_\_\_ City \_\_\_\_\_

Physical restrictions or allergies (food, drugs, insects) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & all phone numbers of those who may pick up your child at Day Camp

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***EMERGENCY RELEASE FORM***

**I will not hold Cross Trails Ministry, its staff, or the congregational volunteers responsible for accidents, claims or damages** arising from my child's participation in camp activities. I also give Cross Trails Ministry **permission to use any photograph or video** of me or my child taken at Day Camp for future promotional materials for its sites and programs.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date