

CAMP TLC MID-WEEK

CAMPER (YOUTH) REGISTRATION PRE K-6TH GRADE

WEDNESDAY NIGHTS

5:30 - 7 PM

Trinity Lutheran Church

764 W. Henderson Avenue, Porterville, CA 93257

559.784.4202

www.tlcporterville.org

1. _____
First Name Last Name age grade School

2. _____
First Name Last Name age grade School

3. _____
First Name Last Name age grade School

4. _____
First Name Last Name age grade School

5. _____
First Name Last Name age grade in the fall School

Parent/Guardian Names _____

Primary Phone number _____ Alternate Phone Number _____

Home address _____ E-mail address _____

Health Information

Do any of your youth have any known allergies to food, insects or drugs? Yes ___ No ___

If Yes, please explain _____

Do any of your youth have any chronic health problems? Yes ___ No ___

If Yes, please explain _____

Will Parent/Guardian be participating in Camp TLC Mid-Week activities? Yes ___ No ___

If Yes, please write name of participants _____

*****There is no cost for youth to participate in Camp TLC Mid-week,
but a \$2.00 per person donation toward dinner is welcome to help cover food costs.**

In the case of serious injury or illness and I cannot be reached, I authorize Trinity Lutheran Church representatives to consent to treatment for my child as specified in the signed "Consent to Treatment of a Minor" form. Please note: BOTH the Registration and Consent to Treatment forms must be signed, dated and a copy of insurance card attached, before child may participate .

Signature of Parent or Guardian

Date