

Word of Life, LeSueur, MN (Write Checks to Word of Life)

June 15-18, 2009

Please register by Friday, June 3rd.

Name (First & Last) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Gender: Male Female

Grade Entering _____ Date of Birth _____

Home Church (optional) _____

Parents or Guardians: (please print)

Name/s _____

Daytime Phone Number _____

Parental/Guardian Consent

I hereby give permission for my child to attend Day Camp and designate Day Camp officials to act on my behalf in authorizing routine and/or emergency medical care. I give my child permission to ride in Day Camp provided transportation. I further authorize the use of photos or video taken of my child during Day Camp for promotional purposes.

Parent/Guardian Signature

Date _____

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