

Permission/Information Camper Form for E.D.G.E. Summer Camp June 21-26, 2010  
 Cost is \$390.00 if \$50 deposit paid by Feb 1, 2010, \$405 after Feb 1, 2010  
 PLEASE PRINT ALL INFORMATION UNLESS OTHERWISE STATED

Youth's Name	Youth's email	Grade:
Address	City	State Zip
Birth Date	Parent's email	
Phone (home)	Guardian/ Parents cell	
Physical Activity Restrictions	Allergies/dietary restrictions	
Medications currently taking		
Family Physician and date of last tetanus shot		
Insurance Co. & policy #		
Any other general information we need to know?		
If parents/guardians are unavailable, whom should we contact?		
Name	Phone	

**Medical Release**

(I), (We), (Parent), (Guardian) of \_\_\_\_\_ do hereby give permission for my child to participate in the **E.D.G.E. Summer Camp** sponsored by Tanque Verde Lutheran Church from **June 21 – June 26, 2010. Lone Tree Health form with Physician's signature and full payment are both due to the church office by June 1st, 2010**

(I), (We) also authorize Tanque Verde Lutheran Church, as agents of the undersigned: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that in no way will Tanque Verde Lutheran Church, its officers or leaders be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

Parent/Guardian's Signature \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_

OFFICE USE ONLY  
 Deposit Paid \_\_\_\_\_ Date \_\_\_\_\_  
 Full Payment Made \_\_\_\_\_ Date \_\_\_\_\_