

# “WOODWORKING CAMP 2010”

August 9-11

Monday – Wednesday, 9 am – 11:30 am

Open to youth who have completed K – 6<sup>th</sup> grade.

One registration form/child and \$5 for 3 days or \$2 per day

Registration form needs to be returned into the  
Church office by Sunday, Aug. 4<sup>th</sup>

Student's Name: \_\_\_\_\_ Sex: M F

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

Grade completed, Spring '09: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Bus. /Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cost: \$5 includes supplies for projects and snacks. Or if you can't make it everyday let us know when you'll be here at that cost of \$2 per day.

*Please return money with registration.*

Please circle the days your child will attend: Mon. Tues. Wed.

Please fill out Health and Picture Release Form on the back of this sheet  
(only if you were not registered in Church School 2009-10).

Your child will not be registered until this form is complete.

## Ministry Opportunities for Jr. High Youth, Sr. High Youth, and Parents:

Please check how you can help:

\_\_\_\_ *Hands on helper*

\_\_\_\_ *Food Preparation and serving*

Office Use Only:

Registration Received: \_\_\_\_\_ by: \_\_\_\_\_

Money received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

## Health Release Form (complete one/family):

I give my permission for my child to attend this program at Maple Grove Lutheran Church. In case of an emergency, I will be notified ASAP. In the case that I am not available, I give my permission for Shelley Halverson, MGLC Children's Ministry Director, to seek emergency medical attention for my child.

Parent's Signature: \_\_\_\_\_

Day Phone #: \_\_\_\_\_

Alternative Phone #: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medications (for each child): \_\_\_\_\_

\_\_\_\_\_

Allergies (for each child): \_\_\_\_\_

\_\_\_\_\_

Special Needs (for each child): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Clinic Name & Phone #: \_\_\_\_\_

Medical Insurance Company and #: \_\_\_\_\_

\_\_\_\_\_

### **Pictures:**

I will allow pictures of my child from these events to be used for advertising these events at church and on the WEB site. My child's name will not be included in any posting of the pictures.

Parent's Signature: \_\_\_\_\_