



# LUTHERAN SUMMER CAMP AT VICTORY BIBLE CAMP JULY 23 - 28, 2017

## ADULT STAFF REGISTRATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I plan to:  ride the camp bus  drive my car to camp, and I could carpool \_\_\_ other staff.

I plan to attend Counselor Training, July 21 - 23, 2017:  Yes  No

Please send this form to our registrar so that we may have it on file at camp:

Return to:   attn: Lutheran Summer Camp                      Website: [www.aklutheransummercamp.org](http://www.aklutheransummercamp.org)  
                  Central Lutheran Church                                E-mail: [centluth@gci.net](mailto:centluth@gci.net)  
                  1420 Cordova Street                                    907-277-1622 – Fax: 907-272-6235  
                  Anchorage AK 99501                                    *Keep a copy of all forms for your own records.*

All adult staff members are welcome to attend and participate in all of Counselor Training, which will be held at Good Shepherd Lutheran Church in Wasilla beginning Friday, July 21st at 7 pm and move to Victory Bible Camp on Saturday. All adult staff members are expected to arrive at camp on Sunday evening, July 23, before 5 pm.

A word about costs: Lutheran Summer Camp pays Victory Bible Camp \$260 for each person staying at camp, including campers, counselors, and adult staff, and uses additional funds to pay for lifeguards, craft supplies, and bus transportation. If you or your congregation can pay some or all of this expense, please enclose a check with this form payable to Alaska Synod or bring a check with you to camp. *If possible, please return this form by June 2, 2017.*

Please note anything that it would be helpful for us to know, such as areas of interest, expertise, or experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# LUTHERAN SUMMER CAMP AT VICTORY BIBLE CAMP JULY 23 - 28, 2017

## ADULT MEDICAL INFORMATION

Name: \_\_\_\_\_

***For the safety of all campers and staff, adults who are staying in rooms accessible to campers will turn in their over-the-counter and prescription medications to the camp health care person. For all adult staff, we ask what medications you will have on site in case any medical problems come up during the camp week. In order to facilitate this, all medications must be sent in their original prescription containers.***

***We will ask you to update this information at the time of drop off at camp or at the bus, to ensure accuracy at camp time.***

I may be bringing medications to camp. Name and dosage information:

\_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Any other medical information it would be helpful for us to know:

\_\_\_\_\_

Medical/Surgical Authorization: This health history is correct so far as I know. Should I be injured or become ill and am unable to consent for necessary emergency medical treatment, I understand that every effort will be made to contact my family or listed emergency contact. If it is impossible or impractical to do so, I hereby give permission to the physician selected by the Camp Health Care Person or Camp Director to secure proper treatment, to hospitalize, to order anesthesia, to X-ray, or to authorize surgery for me. I agree to accept financial responsibility for any such treatment. A copy of this form is as valid as the original. This statement is in effect for the duration of Counselor Training which takes place at Good Shepherd Lutheran Church in Wasilla, July 21-22, 2017, and additional training and Lutheran Summer Camp which takes place at Victory Bible Camp, located at Mile 95 of the Glenn Highway, July 22 - 28, 2017.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Please make a photocopy of the front and back of your medical insurance card and enclose it with this form.*