

# REGISTRATION

Name of Camp	Date of Camp	Enclosed
		\$ .00

Camper Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ TXT: \_\_\_\_\_ male / female

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

Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

Custodial Parent/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Parent/Guardian Authorizations:

I consent to the use of any photography and video of me/my child in future Lutheran Outdoor Ministries of Florida (LOMF) camp publications.

The person herein described has permission to engage in all camp activities except as noted. I waive any and all claims for personal injury or property damage that may occur as a result of my child's participation in the following activities while attending LOMF programming:

In consideration for my child's participation in above noted activities, I hereby grant to Lutheran Outdoor Ministries of Florida (LOMF), the Florida-Bahamas Synod of the Evangelical Church in America, and the Evangelical Lutheran Church in America and their agents a release of all legal and equitable claims, actions, or suits that may arise as a result of the above named camper's participation in planned program activities.

This release is to be read broadly to include transportation to and from planned program activities and transportation while involved in planned program activities.

\_\_\_\_\_  
Parent/Guardian Signature      Camper Signature      Date

Payment Enclosed (Check made out to LOMF)     VISA/MasterCard

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Amount \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_