



What is fun and exciting for kids in the neighborhood this summer?

Lutheran Church of the Redeemer Neighborhood Camp
(2417 Drexel Avenue)

What is the cost?

It's FREE and for all children 6-11 years old.

What are the days and times?

Monday through Friday, 9 a.m. to 2:30 p.m.

What is this summer's theme?

Water, Water Everywhere!



Visit us on the web!
www.lcrcamp.weebly.com

When is Redeemer's camp.

1. June 20th- 23th Monday-Thursday
2. June 27th –June 30th Monday-Thursday
3. July 5th – 8th Monday-Thursday
4. July 11th- 14st Monday-Thursday
5. July 18th – 21th Monday -Thursday

What will kids do?

There will be games, activities, "God Time", field trips, stories, music, and lots of "hands-on" activities with a new theme and field trip every week. The camp operates on donations, so there is no charge for anything. A breakfast, lunch and snack will be served daily.

Where is there more information and registration forms?

Registration is first come, first served for up to 50 children, so register early. To register for Redeemer's Neighborhood Camp fill out the registration form and drop off or mail to the church. For questions call 634-7998. The city-site camp office number is 634-5515.



ELCA Neighborhood Camp
Lutheran Church of the Redeemer
2417 Drexel Ave. Racine, WI 53403
Phone (262) 634-7998

Child's Name _____
(first) (middle) (last)

Address _____
(city) (zip code)

Home Phone _____ **Date of Birth** _____ **Current Age** _____

School Attending (fall) _____ **Grade (fall)** _____

Home Church _____ **Child Baptized? Yes** ___ **No** ___

Parent(s)/Guardians:

Mother _____
(name) (work phone) (cell phone)

Father _____
(name) (work phone) (cell phone)

Please list the names and phone numbers of three people who would be authorized to pick up your child when you cannot, and in case of emergency or sickness.

Name _____ **phone** _____
(relationship)

Name _____ **phone** _____
(relationship)

Name _____ **phone** _____
(relationship)

Please tell us anything about your child that you think would be helpful for us to know.

Indicate the weeks your child will be attending. For planning purposes, attendance is encouraged for the entire week. Camp sessions are Monday through Thursday 9:00 a.m. - 2:30 pm

Please check: Week of _____ June 20th _____ July 5th _____ July 18th
_____ June 27th ----- July 11th

Child's Shirt Size(children's sizes): S M L XL XXL XXXL

Please answer the questions below. This is confidential information used only for grant reporting.

1. Does this camper receive free or reduced lunch at school? Yes _____ No _____
2. Ethnicity: _____Caucasian _____African-American _____Hispanic _____Asian Other _____

(Parent/Guardian Signature) (date)

Attention to Parents and Guardians Regarding Field Trips

As the parent or guardian of _____, I give permission to the Racine ELCA Neighborhood Camp at Lutheran Church of the Redeemer regarding the following special field trip needs. This is not an all inclusive list, but indicates some of the special activities in which sites may be involved.

Initial those items that your child has permission to do.

_____ to walk downtown, or in the Church neighborhood supervised by staff

_____ to ride in an **adult employee** car only if **absolutely** necessary when immediate transport may be required (like sickness or emergency). Children are required to use a seat belt.

_____ I give permission for this child to ride on public transportation with the staff and children of the Racine ELCA Neighborhood Camp. Specifically, this includes a school bus or perhaps a city trolley.

_____ to play at the beach and Kid's Cove playground with staff supervision. There will be **no swimming** allowed.

_____ Some trips involve a lot of walking (ie. the zoo and downtown). My child is physically able to do this.

_____ My child requires an **inhaler** and has one in his/her possession.

_____ I will put **sunscreen** on my child before an outdoor field trip.

If your child has **any** known allergies to **anything** (food, medications, lotions, etc.) please list what they are and indicate any other precautions the staff should take for the safety of your child.

We must have the signature of a parent or the legal guardian.

_____ (signature) _____ (signature)

_____ (date)

_____ (date)

Day time phone in case of emergency _____ and/or _____

Lutheran Church of the Redeemer Neighborhood Camp

Release of liability for permission to participate

Name of Participant _____

Name of Parent/Guardian _____

Home Phone _____ Cell _____ Work _____

Child's Birth Date _____ Current Age _____ Grade (fall) _____

• Functions and Activities:

Participating in the Neighborhood Camp of Lutheran Church of the Redeemer is a privilege. I know there are risks associated with these and related activities, including accidents, illness, or even death.

• Release of Liability:

By signing this form, I warrant that the child named above is capable of withstanding both the physical and mental demands of the program's activities. I assume all risks of the child's participation in these activities, whether they are known or unknown. I release Lutheran Church of the Redeemer and anyone associated with it or action on its behalf from all possible claims against them as a result of participation in the activities. This release is also binding on anyone acting on behalf of me or the child. I also indemnify and hold harmless Lutheran Church of the Redeemer and anyone associated with it or acting on its behalf from any and all claims arising from participation in its activities and programs, or as a result of injury to me or my child during such activities.

• First Aid and Emergency Medical Treatment:

First aid or emergency medical treatment may be needed as a result of an accident, illness or other health condition or injury. I give permission for agents of Lutheran Church of the Redeemer to obtain any needed medical attention or treatment of the child named above including hospitalization. I agree to pay all fees and costs arising from such medical treatment. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

• Special Events and Field Trips:

I understand that the child named above may participate in special events and field trips during the program and I give permission for such participation.

• Publicity:

Photographs or audio or video recordings of children and/or adults involved in activities may be made. I give permission for such photographs or recordings to be made and used in any manner and for the child to be interviewed by the news media or for such photographs and other audio or visual records to be used by the news media or for camp publicity, including but not limited to the camp and church websites.

• Health Insurance Information:

Insurance Company _____ Policy # _____

Insurance Company address & phone #

• Emergency Contacts

Names of persons and phone numbers to call in case of emergency or illness:

1. Name _____

Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____

2. Name _____

Relationship _____ Home Phone _____

Work Phone _____ Cell Phone _____

• Swimming Ability

____ Non-swimmer

____ Beginner (capable of swimming several minutes in deep water)

____ Moderate (capable of swimming for several lengths of the pool)

• Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

• Other Information

Any information staff should know about your child

• If Participant is a Minor:

I represent that I am the Parent/Guardian of _____
who is under 18 years of age. I have read this form and am fully familiar with its contents. I give permission for the child names above to participate in field trips and all activities of Lutheran Church of the Redeemer Neighborhood Camp. In consideration for allowing the child's participation in these activities, I hereby consent to the waivers and consents given in this form, binding on anyone acting on behalf of me or the child.

Print Name of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____