



Lutheran Summer Camp

at Victory Bible Camp
August 7 - 12, 2011

Adult 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.

This year we have the opportunity to allow counselors and adults stay one extra night, Noon Friday 8/12 through lunch Saturday 8/13, for a time of fun and fellowship following camp week.

Will you stay over Friday 8/12? Yes No

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

Lutheran Summer Camp
%. Jane Hanson
14300 Ida Rd.
Anchorage AK 99516-4006

Website: www.lutheransummercamp.org
E-Mail: jhansonak@aol.com
907-345-0249 - Fax: 907-345-0240
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 starting Friday, August 5th at 7:00 p.m. We will be worshipping Sunday at 9:30 a.m. at Good Shepherd and then driving to Victory Bible Camp. All adult staff members are expected to arrive at camp on Sunday evening, August 7, before 5:00 p.m.

A word about costs: Lutheran Summer Camp pays Victory Bible Camp \$219 for each person staying at camp, including campers, counselors, and adult staff. If you or your congregation would like to pay some or all of this expense, please enclose a check with this form payable to Lutheran Council of Anchorage or bring a check with you to camp. If possible, please return this form by July 8, 2011.

Please note anything that it would be helpful for us to know, such as areas of interest, expertise, or experience:
***especially wanted: certified lifeguards for waterfront*



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Medical Information

For the safety of all campers and staff, all medications (including those used by adults) on camp property will be held and dispensed by the camp health care person. In order to facilitate this, all medications must be sent in their original prescription containers, with clearly marked instructions and any other information that might be helpful.

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

I may have allergies to:
 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. I understand that every effort will be made to contact my Emergency Contact Person if I need emergency medical/ surgical treatment while at camp. 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 myself. 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 LSC Counselor Training which takes place at Good Shepherd Lutheran Church in Wasilla, August 5-7, 2010 and Lutheran Summer Camp which takes place at Victory Bible Camp, located at Mile 95 of the Glenn Highway, August 7-13, 2010.

Signature: _____ Date: _____

Printed Name: _____

Insurance Company: _____ Policy Number: _____

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