



CONGREGATIONAL DAY VISIT 2025 REGISTRATION/RELEASE FORM

CONGREGATION: _____

EVENT DATE: _____

Camper Name: _____ D.O.B: _____ Grade completed: _____

Address: _____

City, State, Zip: _____

Email: _____

PARENT/GUARDIAN (if minor) _____

Home Phone: _____ Emergency Phone: _____

The above named camper may be released daily to the following persons: _____

Medical Insurance Carrier: _____ Policy Number: _____

Will the camper take any medications while at camp? ____ No ____ Yes; if yes, complete below:

Name of Drug / Time of Administration / Dosage (use back-side if space needed)

Does the camper have any **medical conditions**(i.e. allergies, asthma, diabetic) or **dietary needs** that the church or FLLC staff should be aware of?

____ No ____ Yes; if yes, please explain (use back-side if needed): _____

Anything else we should know to best serve this camper?

I hereby grant permission for this camper to participate in all Day Camp activities including off-site events. I retain the responsibility for any and all bodily injury, loss, or damage of personal property. I hereby authorize the church to consent to emergency medical or surgical treatment and to routine, nonsurgical medical care for this camper while attending the Day Camp program.

Participant or Parent/Guardian Signature: _____ **Date:** _____
(if under 18)

I grant permission for FLLC to use photos, videos, or other likeness of the above camper for publicity in print or digital form, including the use of social media such as, but not limited to, Facebook, Instagram, and Twitter. FLLC will not include any identifying information about your camper.

Participant or Parent/Guardian Signature: _____ **Date:** _____
(if under 18)