



Lutherwood
 1185 Roy Rd ~ Bellingham, WA 98229 360.734.7652
office@camplutherwood.org www.camplutherwood.org

2012 Summer Program Registration Form

Register Online @ www.camplutherwood.org

Each camper needs to complete a separate form. Additional forms may be downloaded at:

Please fill out form completely.

Camper Information: Name: _____ Male ___ Female ___
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ **Have you been to Lutherwood before?** YES NO
 Age: _____ Birth date: ____/____/____ Entering Grade: _____
 Choice of TWO Camp Buddies: 1. _____ 2. _____

Camp Choice:

1st Choice Program: _____ Date: _____ if filled, my second camp choice is:
 2nd Choice Program: _____ Date: _____

Parent/Guardian Information: Name: _____
 Email: _____

___ Check here if you wish to receive your confirmation via Postal Service.

Work Phone: _____ Cell: _____
 Emergency Name/Relation: _____/_____ Emergency Phone: _____
 Home Congregation/City: _____/_____

After you register for camp, you will receive via email within 2 weeks: **Confirmation letter; What to Bring List; Arrival & Departure Info Directions to Lutherwood ; Health Forms (must be signed by a Doctor)**

Payment Information:

- \$75 Deposit applies toward your camp fee, but is non-refundable \$75
- Camp Cost: \$390
- Minus \$65 for early registration before April 1st, 2012..... -\$_____
- Canteen Combos (all combos are non-refundable and will allow for your camper to purchase candy, pop and a sweatshirt or t-shirt during their stay at camp. Any remaining money will be donated to our campership fund at the end of the week)
- **Combo A: \$6** (1 candy and 1 pop for each day)
- **Combo B: \$20** (1 candy, 1 pop and 1 t-shirt of their choice)
- **Combo C: \$35** (1 candy, 1 pop, and 1 sweatshirt of their choice) \$_____
- Optional donation to Campership fund + \$_____
- (Lutherwood believes that no camper should be turned away from summer camp because of an inability to pay. Each year campers receive between \$10,000-\$15,000 in financial aid from congregations and supporters like you. Your tax deductible gift will literally make a difference in the life of a child.)
- Total amount Due to Lutherwood: \$_____
- Total Amount Included: \$_____
- Balance Due: \$_____

Payment Method: Check Payable to Lutherwood

Visa Mastercard Name on Card _____

Card Number _____ Exp. Date: _____

Code ___ Amt. to be charged: _____ **SIGNATURE** _____

Please fill out both sides of this form and mail to Lutherwood

REFUND POLICY Your camp fee, minus the **non-refundable \$75 deposit** per camper, will be refunded to you if cancellation is received by Lutherwood at least one week prior to camp date that the camper is registered for.



Authorizations and Liability Release

Lutherwood Camp & Retreat Center

Camper's Name _____
Camper's Date of Birth _____

Parent/Guardian Authorization and Liability Release: As the parent or guardian of the above minor child who is requesting to voluntarily participate in camp program sponsored by Lutherwood Camp and Retreat Center I hereby acknowledge that I have read, understand and agree to the following:

- I acknowledge that participation in this camp may entail unanticipated risks, and while I expect the camp staff to exercise reasonable caution in carrying on this camp, I hereby release Lutherwood Camp and Retreat Center from any liability or damage incurred.
- I certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- In the event it becomes necessary for the camp staff-in-charge to obtain emergency care of my child, neither he/she, Lutherwood Camp and Retreat Center shall assume financial liability for expenses incurred because of the accident, injury, illness and /or unforeseen circumstances. I accept such responsibility.
- Permission is hereby granted to use photos of, quotes from and likenesses of my minor child in print or electronic media such as, but not limited to brochures, radio ads, web pages, video tape and others as deemed useful by the camp for marketing purposes by and for Lutherwood Camp and Retreat Center. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes or likeness.

Name of Parent/Guardian (please print) _____
Signature of Parent/Guardian _____ Date _____

Physician's Name _____ Phone # _____
Insurance Carrier _____
Subscriber Name _____
Policy # _____

Forms can be mailed to: **Camp Lutherwood c/o Registrar**
1185 Roy Rd Bellingham, WA 98229
Phone: 360.734.7652 ~ Fax: 360.734.7682 ~ office@camplutherwood.org