



**2021 Ascension Lutheran Church
Day Camp/VBS
with Sky Ranch Lutheran Camp**

Registration Form

Monday, June 14th – Friday, June 18th, 2021

at Ascension Lutheran Church – 712 Storey Blvd, Cheyenne, WY

Child's Name _____ Male _____ Female _____

Parent/Guardian Name _____

Address _____ **City** _____ **St** _____ **Zip** _____

Home Phone (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____

Home Church _____ **City** _____

Child's shirt size (circle one): Youth (XS S M L) or Adult (XS S M L XL) or Other _____

Grade Entering in the fall _____ **Day Camp Dates:** June 14th – June 18th

Return this form by **Thursday, June 10, 2021** to Kris Rude or the Ascension Lutheran Church office.

Pre-registration is required.

VBS/Day Camp registration is limited to **32** school aged children
(completed Kindergarten to completed 5th grade)
and **10** pre-school aged children
(children ages 3 to entering Kindergarten/must be diaper free).
Day Camp registration will be filled on a first come basis.

(OVER)

Ascension Lutheran Church staff and volunteers will take reasonable steps to limit exposure to the COVID 19 virus, but since the virus has not yet been eliminated, we are making full disclosure to all participants that your presence at Ascension Lutheran Church, may result in inadvertent exposure to COVID 19, especially for at-risk age groups. Until the all-clear is given by health authorities, your presence at Ascension Lutheran Church, and any gatherings on the premises **includes your express understanding and agreement that you have understood and accepted those known risks and are willing to assume responsibility for your own health and safety.**

Masks: Sky Ranch Staff, all Day Camp Campers and volunteers will be masked at all times indoors. There will be opportunities to remove masks when outdoors or during designated snack times.

Handwashing: Handwashing will happen frequently at Day Camp. Time will be built into Day Camp schedules to accommodate extra hand washing.

Rec Equipment/Shared Materials: Participants will “sanitize in, sanitize out” before and after all activities and staff/volunteers will disinfect equipment or materials after each session.

By participating in programs, services, and activities of Ascension Lutheran Church Cheyenne, WY, you agree to the following:

Please initial each line.

_____ My child/children will wear a mask at all times while indoors. I also agree to wear a mask at all times when inside Ascension Lutheran Church.

_____ My child/children and I agree to respect others’ choices about distances and contact.

_____ I and my child/children will sanitize our hands upon entering and exiting the church and between each activity or session

_____ If I or my child/children do come down with COVID 19 symptoms after I have been on premises during the week of VBS/day camp, I will notify the church. I will also notify the church if we become aware that I or my child/children are directly exposed to someone with COVID 19 during the week of VBS/Day Camp

I hereby release Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp, its agents, members, and employees, and Ascension Lutheran Church from all liability for any accident, injury or claim arising from the participant named above's use of any of its facilities or participation in any of its programs. I agree that Sky Ranch Lutheran Camp and Ascension Lutheran Church will not be held responsible for accidents or persons injured arising there from. This release also includes any claims based on the actions, omissions, or negligence of these organizations, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service, or activity. Sky Ranch Lutheran Camp and/or Ascension Lutheran Church may use, for promotional purposes, any photographs & video taken of the participant named above. I waive the right to inspect or approve the photo if used for such purposes. I give permission for the camper named above to participate in all camp activities with the following exceptions: _____

Parent/Guardian Signature _____ Date _____

Sky Ranch Lutheran Camp Day Camp Health History Form

This form needs to be completely filled out by a parent/guardian.

Name _____
last
first
initial

Birthdate: _____ Age _____ Gender _____

Parent or Guardian _____ Home Phone: (____) _____

Home Address _____ Cell Phone: (____) _____

Business Address _____ Phone: (____) _____

If not available in an emergency, notify _____ Relationship _____

Emergency Contact Address _____ Phone: (____) _____

Do you carry medical/hospital insurance? _____ If so, please indicate:

Carrier _____ Group/policy number _____

Name of physician _____ Phone number _____

Date of last immunization for:
 Tetanus _____; DPT _____; Polio _____; Measles (MMR) _____

Please check and date any of the following, which have occurred to the camper or in the camper's family:

Conditions	Diseases	Allergies
____ Frequent ear infections	____ Chicken pox	____ Hay Fever
____ Heart disease/defect	____ Measles	____ Ivy Poisoning, etc.
____ Convulsions/seizures	____ German Measles	____ Insect Stings
____ Diabetes	____ Mumps	____ Penicillin
____ Bleeding/clotting disorders		____ Other drugs
____ Hypertension		____ Asthma
____ Mononucleosis		____ Food Allergies (list below)
____ Psychiatric counseling		____ Other: _____

Please explain any of those checked in the space below:

Operations or serious injuries: (please list with dates) _____

Suggestions, any activity restrictions, or health-related information for camp personnel:

Will your child need to take a medication during Day Camp? _____
 ____ Collected by Day Camp Coordinator

My child has permission to participate in all camp activities, except as noted. Knowing that adult sponsors will take utmost care to ensure the safety of my child, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize that staff/volunteers of Ascension Lutheran to seek medical attention for my child should such an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary treatment, not excluding injection, anesthesia, and/or surgery. I further agree that Ascension Lutheran Church shall be held harmless in the event of accident or injury, and I understand and agree Ascension Lutheran Church disclaims any and all liability in the unlikely event of injuries sustained in connection with the event.

Parent/Guardian signature _____ Date _____
 Signature of witness _____ Date _____