

Week of Camp: _____

Rainbow Trail Lutheran Camp 2012 Additional Camper Information

Camper's Name _____ Birthdate: _____
Home address _____ City _____ St _____ Zip _____

First Parent/Guardian Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

Second Parent/Guardian Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

Emergency Contact Name _____ Home Phone _____
Home address _____ City _____ St _____ Zip _____
Company Name _____ Work Phone _____
Work address _____ City _____ St _____ Zip _____

The following persons are authorized to pick up my child from camp:

Name	Address	Phone Number
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The following persons are not authorized to pick up my child from camp:

Are there any camp activities in which you as parent or guardian do not wish this child to participate?

I authorize my child to participate in all special trips or excursions in which my child may be walking or riding away from the campsite.

Signature _____ Date _____