Come to the Table
South Minneapolis Day Camp
June 17 – 21, 2019

We will explore food justice, creation care, radical welcome, holy communion, and our global community as we play, pray, do art, sing and learn together!

What: A progressive ecumenical experience offering faith formation in a fun, safe, Christ-centered and relational setting. Worship, crafts, games, lunch and field trips.

When: June 17 - 21, 9am-4pm, M-F

Where: Bethel Lutheran Church
4120 17th Ave S
Minneapolis MN 55407

Who: Entering K - Entering 8th graders

Cost: $30 per camper, $60 max for families. Make checks payable to First Congregational UCC. Scholarships available.

Opportunity to give more: Our registration fee doesn’t cover costs. If you can afford it, please consider giving more. We’ll use your donation to stipend youth volunteers and for supplies.

Sponsoring congregations: Our Saviour’s Lutheran, Bethel Lutheran, Calvary Lutheran, First Christian (Disciples of Christ), First Congregational UCC, Zion Lutheran, Judson Memorial Baptist, University Lutheran Church of Hope, Salem Lutheran, St. John’s Lutheran, Lyndale UCC, Lake of the Isles Lutheran, Living Table UCC and Living Spirit UMC.

Registration Deadline: Please register your child(ren) by as soon as possible. Mail or bring this form along with your payment to: Sarah Tittle, First Congregational Church UCC, 500 8th Ave. SE, Minneapolis, MN 55414.

Questions? Contact Pastor Martha Bardwell, Associate Pastor at Our Saviour’s Lutheran Church. Call her at 612-871-2967 or email her at: martha@oursavioursmpls.org.

Child’s Name._______________________________________________________________ Gender:_________________

Birth Date _____/_____/_____ Age _________ Grade Entering Fall 2019: ___________

Address: __________________________________________________________________________

If your child is affiliated with a church, which one? _____________________________________________

Responsible Parent/Guardian: ____________________________________________________________

E-mail address: ___________________________ Daytime Phone: _______________________________

Evening Phone: ___________________________ Cell Phone: _________________________________

Address _____________________________________________________________________________

Name of additional emergency contact: ___________________________ Phone: ___________________

Relationship to camper: _______________________________________________________________
Additional individuals authorized for drop-off and pick-up:

Name: _______________________________________________________   Phone: ______________________________
Name: _______________________________________________________   Phone: ______________________________
Name: _______________________________________________________   Phone: ______________________________

Health and medical information for ___________________________________________________ (child’s name).

Is Camper covered by health insurance?  Yes / No (circle one)

Company__________________________________________ Policy Number: _____________________________
Group Number: _______________________________________________________________________________

Does your child have any allergies (including food allergies)?   Yes / No (circle one)

Please list and describe reaction and management: __________________________________________________
____________________________________________________________________________________________

Will your child need to take medications during Day Camp hours (9am-4pm)?   Yes / No (circle one)

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List all medical conditions, physical or learning challenges, any emotional or behavioral concerns, strategies for better-engaging your child, and/or other relevant information:

__________________________________________________________________________________________
__________________________________________________________________________________________

Parent/Guardian Authorization:

1. In the event my child needs immediate medical attention for injuries receives while participating in Day Camp, I authorize the staff to give my child reasonable first aid, and to arrange the transportation of my child to a healthcare facility as needed. If I cannot be reached, I hereby give permission to the physician selected by the Day Camp to hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for my child as named on this form. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Information received may need to be shared with medical providers.

2. My child has permission to be transported as needed for field trips, inclement weather, or late pick-up. I also give permission for my child to participate in walking field trips.

3. During morning drop-off, the responsible party will indicate in writing who will pick up the child at the end of Day Camp. The responsible party will notify Day Camp if that information changes during the day.

4. If my child requires the use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or in his/her personal belongings each day of camp. If Day Camp staff are required to administer and use the epi-pen, I agree to forever release and discharge the Day Camp staff from all liability arising out of or resulting from use or administration of the epi-pen.

5. I give permission for Day Camp staff to administer sunscreen as needed.

6. I voluntarily waive any claim against the sponsoring organizations/congregations and volunteers.

7. I consent to the use of photography of my child in appropriate Day Camp publicity.

(Signed) _______________________________________________________________________________________    Date: _____ / _____/ 2019