

Luther Park Registration Form

Online registration available at www.lutherpark.org

Name _____ Gender _____ Birth Date _____ Grade Completed June 1 _____

Address _____ City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Father's/ Guardian's Name _____

This person is an authorized pickup

This person is an authorized pickup

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Cell Phone _____ Relationship _____

Email _____

Email _____

Church (if any) _____ City _____ State _____

First Choice Camp Session _____ Camp Dates _____

Second Choice Camp Session _____ Camp Dates _____

Roommate Request (1) _____

Release Form:

I have requested Luther Park Bible Camp to allow my child _____ to participate in its summer camp programs. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation in this activity can expose him/her to dangers both from known and unknown risks. Acknowledging that such risks exist, I hereby release and discharge Luther Park Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any activity, weather planned or unplanned. I consent to the use of any photograph or video of my child in future Luther Park Bible Camp publications, videos, or website pictures.

Method of Payment:

Remember: Register and pay in full by May 1st to receive the early bird discount! \$20.00 off full week-long programs, \$10.00 off partial week programs. The early bird discount is not dependent on receipt of church scholarships and/or other scholarships. Call for available multiple week and sibling discounts. PALS and CIT programs are not eligible for discounts. A non-refundable deposit is due with registration to hold your child's spot at camp: \$125 deposit full-week programs, \$60 deposit for half-week programs, \$250 deposit for family camp.

Summer Camp Deposit/Payment \$ _____

Prepaid Canteen Payment (optional) \$ _____

Prepaid photo CD (\$10-optional) \$ _____

Donation (optional) \$ _____

Total \$ _____

Enclosed is a cash/check payable to Luther Park in the amount of \$ _____

Please charge my credit card:

Visa Master Card Amount to charge \$ _____

Credit Card # _____ Exp. Date _____ CVS#(back of card) _____

Name on Card _____ Signature _____

My church will pay part of my camp fee in the form of a sponsorship or scholarship

Name of Church _____ Amount (\$ or %) Church Pays _____

Family Camp

Names and Ages of children at time of camp

Please mail registration form and deposit to:

Luther Park Bible Camp 944 24 1/4 St. Chetek WI 54728 • FAX 715.859.6474 • Phone 715.859.2215