



# 2017 Day Camp Registration Form

For

**All Saints Lutheran Church**

**July 17-21, 2017**

**9am to 3pm all five days**

Please fill out all information completely. Personal information will not be shared with organizations other than the church and camp. You will not receive mailings from RTALC based on information shared here unless you check that you would like to below.

Camper Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Space is limited. Register early.  
NO CHARGE!**

Please return registration form to:

**All Saints Lutheran Church**

**4800 All Saints Rd NW**

**Albuquerque NM 87120**

Our Child has permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation (Church). We agree that the Camp, Church, and their personnel will not be held responsible for accidents arising therefrom. I give Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. I also given permission for photos, video, and electronic images to be taken of me or my child and used for by the Camp or Church for promotional purposes without compensation, inspection or approval.

\_\_\_\_ Yes, I would like to receive electronic or print information about Rainbow Trail Lutheran Camp's programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_