

Child 1

first name

last name

age _____ ☐ male ☐ female

date of birth ____/____/____

last school grade completed _____

Child 3

first name

last name

age _____ ☐ male ☐ female

date of birth ____/____/____

last school grade completed _____

Parent/Guardian 1

first name

last name

address _____ apt _____

city _____

state _____ zip _____

home phone _____

parent/guardian cell phone _____

parent email _____

Child 2

first name

last name

age _____ ☐ male ☐ female

date of birth ____/____/____

last school grade completed _____

Child 4

first name

last name

age _____ ☐ male ☐ female

date of birth ____/____/____

last school grade completed _____

Parent/Guardian 2

first name

last name

address _____ apt _____

city _____

state _____ zip _____

home phone _____

parent/guardian cell phone _____

parent email _____

Photo Release

I give Augustana Lutheran Church permission to use ministry photos of my child on Facebook, on Augustana's website, or in Augustana's publications as long as my child's name is not publicized.

parent/guardian signature

date

Important: In addition to completing this registration, all campers must complete and submit the enclosed **Participant Health Form 2020**. Mail completed forms with payment payable to **Augustana Lutheran Church**, 5000 E Alameda Ave, Denver CO, 80246. Secure online payments may be made at <https://www.augustanadenver.org/donate-augustana-online/>.