

2024 Mighty Missionary Camp  
Trinity Lutheran Church-Springfield, MO  
May 29-June 1, 2024

**Camper Information**  
**(just completed 3<sup>rd</sup>-8<sup>th</sup> grade)**  
Please Print All Entries

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

“Preferred Name” \_\_\_\_\_ Gender M F

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ (at start of camp)

Grade just completed : \_\_\_\_\_

Shirt Size: YM YL S M L XL XXL

Camper’s Home Address:

\_\_\_\_\_

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

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

Preferred Email Address \_\_\_\_\_

\_\_\_\_\_

Other Parent/Guardian’s Email Address \_\_\_\_\_

\_\_\_\_\_

Camper’s Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mom’s Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dad’s Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Emergency Medical Information-**

*Please Print all Entries*

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Please answer the following with yes or no (If yes, please elaborate on lines at the bottom of the page)

Y N Is your child on any medication on a regular basis?

Y N Does your child have any allergies (including food allergies)?

Y N Do we have permission to give your child Tylenol or Motrin over-the-counter stomach remedies if the need arises?

What is the date of the last tetanus shot? \_\_\_\_\_

Detail Any Medication/Allergies or other Concerns

\_\_\_\_\_

\_\_\_\_\_

**Payment is due with registration**

Fee postmarked on or before May 12<sup>th</sup> \$90.00

If postmarked after May 12<sup>th</sup> \$100.00

+ Add'l Gift to Mighty Missionary Camp \$ \_\_\_\_\_

Payment Enclosed Now = \$ \_\_\_\_\_

(Please make checks payable to **Trinity Lutheran Church**)

**Contact the Directors about the Camper Scholarship Program**

*Your non-refundable fee is used to purchase supplies for your camp event.*

*It also pays for 3 nights of lodging at the camp facility. Rock climbing, repelling, zip line, and swimming are included in the fee. Each participant will receive a special camp t-shirt.*

*For Information call Camp Director, Ahren Love and Angela Love at 417-229-2822*

*Registration and full payment due by May 14, 2024*

Please give this form with payment to Angela Bruton or mail it in with your payment to:

Trinity Lutheran Church c/o M&M Camp  
1415 South Holland, Springfield, MO 65807

**Liability Statement**

I hereby give my child permission to attend Mighty Missionary camp, sponsored by Trinity Lutheran Church, Springfield, Missouri. My child has permission to take part in all camp activities, and I agree that the Mighty Missionary Camp or its personnel will not be held responsible for any accidents arising there from. I hereby authorize Mighty Missionary Camp authorities to use local hospitals and/or doctors if any emergency illness/injury arises.

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_

Can photos of your child be used on Trinity Lutheran Church’s social media platforms, their website, and print publications? Circle One: Yes No

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

Date \_\_\_\_\_

**\*Signature below indicates all camp rules will be followed**

Participant Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

For Office Use Only:

Date Received \_\_\_\_\_ Check Number/Cash \_\_\_\_\_ Amt Pd \_\_\_\_\_