

2019 Mighty Missionary Camp

Trinity Lutheran Church-Springfield, MO

May 29-June 1, 2019

Camper Information (just completed 3rd-8th 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 E-mail Address _____

Other Parent/Guardian’s E-Mail 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 ye s 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 last tetanus shot? _____

Detail Any Medication/Allergies or other Concerns

(List names of friends you are bringing or coming with)

| Name of camper(s) | Gender | Grade just completed |
|-------------------|--------|----------------------|
| | | |
| | | |

Payment is due with registration

Fee postmarked on or before May 5th → \$75.00

If postmarked after May 5th → \$85.00

+ 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 20, 2019

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 herby 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 it’s personnel will not be held responsible for any accidents arising there from. I herby authorize Mighty Missionary Camp authorities to use local hospital and/or doctors if any emergency illness/injury arises.

Preferred Hospital: _____

Family Doctor: _____

Doctor’s Phone: _____

Can photos of you 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 _____