

# 2026 Mighty Missionary Camp

Trinity Lutheran Church-Springfield, MO

May 26- 30, 2026

## Volunteer Information

(Just completed 9th grade through adults)

Volunteers are needed to go to camp on Tuesday, May 27 around 12:00 p.m.

Please Print All Entries

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

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

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

Circle One: High School Adult

Circle One: Overnight Volunteer Daytime Volunteer

Overnight volunteers' shirt is complementary

Shirt Size: S M L XL XXL

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

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

### High School Youth Only

Parent/Guardian Names: \_\_\_\_\_

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 Are you on any medication on a regular basis?
  - Y N Do you 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 your last tetanus shot? \_\_\_\_\_

Detail Any Medication/Allergies or other Concerns

\_\_\_\_\_  
\_\_\_\_\_

## Payment for Overnight High School Volunteers is Due with Registration:

Fee postmarked on or before May 10<sup>th</sup> .....\$110.00

If postmarked after May 10<sup>th</sup> .....\$120.00

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

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

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

Contact the church 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, rappelling, zip line, and swimming are included in the fee. Each overnight volunteer will get a shirt.

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

Registration and full payment due by May 10, 2026

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

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: \_\_\_\_\_

**\*Signature below indicates you have read the liability statement and all camp rules will be followed**

Volunteer Signature: \_\_\_\_\_

Volunteers under 18, Parent/Guardian Signature

\_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only:

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