



# Camp Omega

## Traveling Day Camp

### Camper Registration Form

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parents \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Congregation \_\_\_\_\_ Dates of Day Camp \_\_\_\_\_

I hereby enroll and give permission for my child to participate in the planned activities of Camp Omega Day Camp, conducted in partnership with

\_\_\_\_\_ Lutheran Church.

I understand I am responsible for transportation to and from Day Camp.

SIGNATURE OF PARENT OR GUARDIAN

X \_\_\_\_\_ DATE \_\_\_\_\_

### Photography Release

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I give permission and consent to allow photographs, videotapes, and interviews to be taken during the camp session. I further give consent that any such images or interviews may be published and used to illustrate and promote the camp and the National Lutheran Outdoors Ministry Association.

SIGNATURE OF PARENT OR GUARDIAN

X \_\_\_\_\_ DATE \_\_\_\_\_