

Contact Information: Travis Koester

Phone: 715-222-9241

Email: travis.koester12@gmail.com

Registration Form

Name of Camper(s): _____

Age: _____ Grade (Entering in fall 2018): _____ Gender: _____

T-shirt Size (Adult Sizes): Small Medium Large

Parent(s) Name: _____

Parent Email: _____ Phone: _____

If any, please list medical conditions we should be aware of such as asthma or allergies:

Waiver

I, the parent/guardian of the above named camper, understand and accept the condition that no one associated with the camp, including Travis Koester, Neal, or Tessa Anderson will assume any responsibility for accidents and medical expenses as a result of participating in the camp. Also, I acknowledge that Salem Lutheran will not be held responsible for any accidents and medical expenses. I hereby authorize the director of the camp (Travis Koester) to act in an emergency requiring medical attention for my son/daughter.

Parent Signature: _____ Date: _____

Attach payment to the bottom of this form - make checks payable to Travis Koester. Please return this form to the school office by **Tuesday, May 29th.**

Late applicants will be accepted; however, they may not receive a T-shirt.

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