This Christian Summer Camp Program is designed for children ages 3 to 12 years. \*ALL children must be able to function in a group setting \*ALL children must be potty trained Please direct questions to Dave Levy Trinity Lutheran Church COST: @ (415) 233-2695 or davedce@gmail.com 333 Woodland Avenue \$50 per student for Bible Camp (9am-12pm) San Rafael, CA 94901 Child's Name: \_\_\_\_\_ Group # (camp use only) \_\_\_\_\_ Street Address \_\_\_\_\_ CITY \_\_\_\_\_ **ZIP** \_\_\_\_ \_\_\_ Cell Phone Parent 1: \_\_\_\_\_ Phone # to reach Parent 1 during VBS \_\_\_\_\_ Parent 2: \_\_\_\_\_ Phone # to reach Parent 2 during VBS \_\_\_\_\_ Age\_\_\_\_\_ Birth Date\_\_\_\_ Grade in the Fall\_\_\_\_ School\_\_\_\_\_ e-mail Name of special friend your child would like to be with \_\_\_\_\_ Person(s) scheduled to pick up your child [if different from parent(s)] \_\_\_\_\_\_ to participate in "TRUE NORTH" *I hereby grant permission for* (child) activities sponsored by Trinity from AUGUST 4 – 8, 2025 from 9:00am to 12:00pm and to receive any necessary emergency first-aid, medical or surgical attention in the event of accident or illness. Participation will grant permission to take photographs and video of your child that may be used for any lawful purpose such as publicity, illustration, advertising and web content. Please contact Dave Levy with any questions. Are there any special accommodations or allergies we need to consider for your child? Signature (parent or guardian): \_\_\_\_\_\_ Date \_\_\_\_\_ Medical Insurance Co. \_\_\_\_\_ Medical Insurance # \_\_\_\_\_ Emergency contact [if parent/guardian(s) are unavailable] Relationship to child \_\_\_\_\_\_ Phone # \_\_\_\_\_ \*I am interested in helping with Trinity's "TRUE NORTH" - Bible Camp Program\* Name Phone I prefer to assist with (circle your options): Tech | Snacks | Games | Crafts | Preschool | Crews | Other: Elementary aged EXTENDED PROGRAM also available 12:00pm to 3:00pm

at \$150 per student. Details on separate form.