ST. ANDREW SUMMER CAMP HELPER INFORMATION FORM 2023

VOLUNTEER NAME:							_
ATE OF BIRTH: GRADE IN FALL 2023							
MAILING ADDRESS:							_
TOWN/STATE/ZIP:							_
EMAIL ADDRESS:							-
PARENT'S NAMES:							
VOLUNTEER IS ALLE	RGIC TO THE FOL	LOWIN	IG F	OOD	S, MEC	DICINE	S, ETC.
AND/ OR HAS THESE	MEDICAL CONDIT	IONS:					_
T SHIRT SIZE: Youth	L Adult S	М	L	XL	XXL		
I'D LIKE TO HELP AT	THE FOLLOWING	CAMP	S:				
Kinder Camp (3	8-5 year olds) Da	te: Ju	ly 10)-14		9 am	- 1 pm
MT Kinder Camp CI	_WTH	F	_	_			_
Kinder Camp Cl	ean Up (1 pm)	M	T		_w	TH	F
Peach Comp (6)	b Otherrodore)	Data	Luk	. 47 0	4	0.00	2
Beach Camp (61 MT						J alli	- 5 pm
''' Can you provide your							
	ean Up (3 pm)	-					
	o 5th graders) I		uly 2	24-29		9 am	ı - 3 pm
MT			_				
Day Camp Clear	n Up (3 pm)N	I7	Γ	W	Т	Ή	_F
I WOULD LIKE TO WO	ORK IN THE FOLLO	WING	ARE	EAS:			
Check In	Group Leader			Group Helper			
Teacher	eacher Craft Prep			Afternoon Activities			
Craft Coordination Music				Kit	chen		
Logistics Beach Supervision							

EMERGENCY CONTACT: (during camp hours)

EMERGENCY CONTACT PHONE:

If I, or my emergency contact person, are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise. YES NO

PHOTO RELEASE: PLEASE CHECK THE APPROPRIATE STATEMENT REGARDING PERMISSION TO USE PICTURES OF YOU OR YOUR CHILDREN ON THE CHURCH WEBSITE AND/OR FOR OUR CHURCH PUBLICITY.

_____ I GRANT permission for St. Andrew Lutheran Church to publish photos of me or my children.

_____ I DO NOT GRANT permission for St. Andrew Lutheran Church to publish photos of me or my children.

SIGN: _____

_DATE:_____