



Martin Luther
Evangelical
Lutheran
Church

2379 Lake Shore Blvd. West, Toronto ON M8V 1B7
More information: www.martinluther.ca

REGISTRATION FOR CAMP LUTHERLYN
AUGUST 17-23, 2019

Complete and mail with payment to : Martin Luther Lutheran Church

Weekly Rate for Adults & Youth 10+: \$410 (early reg. until Feb 28: \$380)

Family Rates: Kids under 10: \$150, Kids 10+: \$200

Prices include 3 meals per day
plus snacks!

For more information contact:

Anna Lisa Wienecke, Ph. 905-939-7494, campdirector@martinluther.ca

Pastor Christian Ceconi, Cell 416-567-2487, pastor@martinluther.ca

Martin Luther Church Office, 416-251-8293, churchoffice@martinluther.ca

Family Name: _____

Street Number	Street	Apt. #	City	Postal Code	Home Telephone Number
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Contact Person (Parent/Guardian/Other)	Cell Number	Email Address
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Additional Medical Coverage Company

(1) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

Can swim: Yes _____ No: _____

(2) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

Can swim: Yes _____ No: _____



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(3) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

Can swim: Yes _____ No: _____

(4) Name & Camper Rate (Adult/Child)

Age and Date of Birth

OHIP Number

Dietary Needs, Medical Conditions and Medications:

Can swim: Yes _____ No: _____

As parents/guardians of _____
we consent to the participation of the above mentioned child(ren) in all of the camp activities, including:
Canoeing, Campfire, Worship, Low Ropes Courses and Slacklining, Games & Crafts, Talks about Bible and faith,
Teenage challenge (stay overnight on a deserted island)

Selected photos or video may be displayed in the church, in our newsletter, on our Martin Luther Church website or used as promotional materials for marketing/advertising purposes. Please note that any media posted on the website would be available to a wider Internet audience. Please check if you give media consent.

I give permission to Martin Luther Church to include my images (and above mentioned child/-ren) in any multimedia format or presentation.

Should it be necessary for our child to receive medical attention, we authorize the camp staff members in charge to act as they deem necessary. Any cost so incurred will be our responsibility. Should we become aware of a change in our child's medical condition, we will notify the Camp immediately. Furthermore, in case of an accident or incident, we absolve Martin Luther Church, Camp Lutherlyn, the Camp Director and the Counselors of all responsibility.

Place, Date

Signature of Adult/Parent(s) and/or Legal Guardian

FOR OFFICE USE ONLY

Prepared by/ Bearbeitet von: _____

Date: _____