



2017 Day Camp Registration Form For

Shepherd of the Mountains

Please fill out all information completely. Personal information will not be shared with organizations other than the church and camp. You will not receive mailings from RTLCL based on information shared here unless you check that you would like to below.

Camper Name _____ Male _____ Female _____

Parent/Guardian Name(s) _____

Address _____ Grade entering in Fall _____

City _____ State _____ Zip _____

Phone (____) _____ Emergency Phone(____) _____

E-mail Address _____

Please Return Registration Form To:

Shepherd of the Mountains

4051 N Highway 224, Park City, Utah, 84098

ph:435-649-2233

by July 17th w/ payment via check or cash

Our Child has permission to take part in all Day Camp activities led by Rainbow Trail Lutheran Camp (Camp) and the hosting congregation (Church). We agree that the Camp, Church, and their personnel will not be held responsible for accidents arising therefrom. I give Camp and Church personnel permission to seek medical treatment for my child in case of injury or illness. I also give permission for photos, video, and electronic images to be taken of me or my child and used for by the Camp or Church for promotional purposes without compensation, inspection or approval.

____ Yes, I would like to receive electronic or print information about Rainbow Trail Lutheran Camp's programs.

Parent/Guardian Signature _____ Date _____