



Registration Form & Instructions

Directions:

Registration

If registering for Sports Camps ONLY, DO NOT complete the enclosed forms. Instead, register ONLINE at <https://rl.8to18.com/accounts/login>. If registering for any XLR8 Camp(s) with Sports Camps, complete the forms as instructed below:

1. Complete one (1) Registration Form per *family*.
2. Complete one (1) Medical Form per *camper*.
3. Complete one (1) Camp Program Selection Form per *camper*.

Return completed forms to Rockford Lutheran in one of the following ways:

- a. Via hand delivery to either campus front office

Rockford Lutheran Jr/Sr High School
3411 N Alpine Rd
Rockford, IL 61114

Rockford Lutheran Academy
1711 Delcy Dr
Rockford, IL 61107

- b. Fax to 815-636-4429
- c. Email to summer@rockfordlutheran.org
- d. Via US Mail to: Summer @ Rockford Lutheran
3411 N Alpine Rd
Rockford, IL 61114

Payment

Payment can be made in either of the following ways:

- a. Online with credit card. Visit www.rockfordlutheran.org/summer and click on the **PAY NOW** link.
- b. Accompany returned Registration forms with cash or check made payable to Rockford Lutheran School.

Questions

Our staff stands ready to assist you with any questions you might have about Summer @ Rockford Lutheran. Please call the Jr/Sr campus at 815-877-9551, the Academy campus at 815-226-4947 or email us at summer@rockfordlutheran.org.

Summer @ Rockford Lutheran 2019 Registration Form

If registering for Sports Camp(s) ONLY, do not fill out this form. Register online at <https://rl.8to18.com/accounts/login>

Camper/Family Information—Complete one per family.

	Camper 1	Camper 2	Camper 3
Name (last/first)			
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Current School			
Grade in Fall 2019			
DOB			
Tshirt Size			

Primary Address: _____ City _____

Guardian 1 Name: _____

Guardian 1 Phone 1: _____ Phone 2: _____ Email: _____

Guardian 2 Name: _____

Guardian 1 Phone 1: _____ Phone 2: _____ Email: _____

In the event of an emergency, Rockford Lutheran attempts to contact parents first, and then will contact one of the following people:
 BASED ON THE ORDER IN WHICH THEY ARE LISTED, these people also have permission to pick up my child.

	Name	Relationship	Phone #1	Phone #2
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Any camper who comes to even 1 day of camp must pay the registration fee and complete all Registration, Camp Selection and medical forms:

- Rockford Lutheran School has permission to use this student's name & image for publicity in publications, printed material, TV & website.
- Rockford Lutheran School is not responsible for personal items left unattended on our property.
- Rockford Lutheran High School, Rockford Lutheran Academy, The Rockford Lutheran High School Association of the Greater Rockford Area, it's member churches, any of their directors, employees, officers or board members, volunteers, coaches and agents are exempt from any liability associated with this camper while participating in the chosen Summer Program. Students assume all risks associated while participating in the Rockford Lutheran School Summer Program and waives any claims against the owner or the property on which the activity is held. The terms hereof shall serve as a release and assumption of risk for my heirs, executor, administrator, assignees and all members of my family.
- I give permission for my child to take part in all camp activities, including field trips away from the school premises.
- **For campers enrolled in XLR8 programs, I give permission to the XLR8 staff to transport my child via car or Rockford Lutheran School small buses.** My child may use the RLA climbing wall under school staff supervision.
- In the event of an accident or illness to the above listed child (children), I do hereby authorize Rockford Lutheran School to secure any necessary medical treatment including, but not limited to, the emergency transportation to a medical facility. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, transportation, or treatment of the child.
- We agree to abide by all policies in the XLR8 Summer Day Camp handbook.
- **I / We intend to pay** Online In Person (cash or check)

Guardian 1 Signature _____ Date _____

Guardian 2 Signature _____ Date _____

Rockford Lutheran School admits students of any race, color, national and ethnic origin.

Where did you hear about Summer @ Rockford Lutheran?

Mailer Billboard Print Ad (Smart Living Weekly) RLS Website RLS Newsletter Facebook Other _____

FOR OFFICE USE ONLY

Date Rec'd _____ Amount Rec'd \$ _____ Check # _____ Cash Online