

Camp Phillip is bringing a fun-filled summer camp program to Crown of Life Lutheran Church on

July 12-16 at 9:00am-3:00pm

The theme is “Easter at Camp” and is based on Job 19:25, “I know that my Redeemer lives.” The theme ties in the different parts of the Easter story, from the lamenting of the crucifixion to the joy of the resurrection.

Volunteers from our church and staff from Camp Phillip will bring you all the fun of a summer camp without ever leaving



church. From the opening to the closing program, you will enjoy activities such as adventure, crafts, God's Word, recreation, singing, snacks, and stories. The week finishes with a play from the campers recapping the Easter story sharing the joyful message that our Redeemer lives.

**For children entering 5K through 6th Grade
for 5 days this summer!**

- Please have your child bring a sack lunch and bottled water each day.
- This is a free program.
- Please detach the right half of this flyer and drop it off or email it to church by June 28. Keep the left side for reference.

Please contact the church office at 628-2550 if you have any questions.



Registration/Medical and Release of Liability Form

Child's name: _____

Both parents' names: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home Church: _____

Email: _____

Age: _____ Last Grade of School Completed _____

Sex (circle one): Male Female

I give permission for my child, _____,
to attend the Day Camp at Crown of Life.

In the event of an emergency, I give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Continued on other side

Be advised that my child has the following physical ailment, allergies, recent injuries, emotional or behavioral disorders, and/or takes the following listed medicine:

The parent/guardian of the applicant assumes full responsibility for the applicant's health being such that Day Camp activities will in no way aggravate any conditions present. If in doubt, please seek medical advice.

I understand that there are inherent risks involved in outdoor activities which are beyond Camp Phillip's and the church's control and I agree to personally assume such risks.

I release from any liability Camp Phillip, the church and staff sponsoring this retreat in the event of any accident en route, during, or returning from this event.

I give permission for my child to be photographed for use in Camp Phillip's promotional or educational efforts.

The signature below affirms that the statements on this form are true and understood.

Parent's signature: _____

Health insurance carrier: _____

Policy number: _____

Date signed: _____

Return form by June 28 to:
Crown of Life Lutheran Church
1292 Tally Ho Trail
Hubertus, WI 53033
coladmin@crownoflifehubertus.com