

# Shetek Lutheran Ministries: Winter Fun Day

## 3-6<sup>th</sup> Grade \* December 30, 2009

Why wait until the summer to be at camp? Come have a blast at Shetek praising God and try out some sweet winter stuff such as:

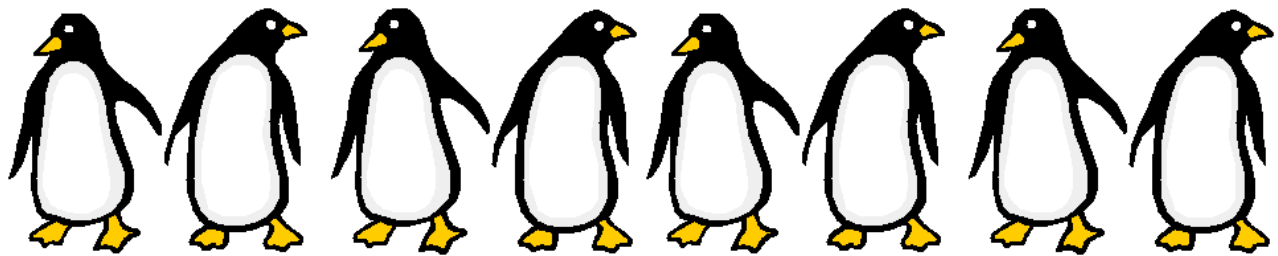
- \* Cross Country Skiing
- \* Worship
- \* Broomball
- \* Fun with Ice Blocks
- \* Bible Study
- \* Hot Chocolate

**When:** December 30, 2009 10:00 am-6:00 pm

**What to Bring:** snowboots , hat, mittens, extra pair of shoes, Bible

**Cost:** \$20 per youth, \$10 deposit (included in total cost)

**Questions:** Contact Kristin at 507-763-3567 or kristin@shetek.org



### Winter Fun Day 2009 Registration

Name: \_\_\_\_\_ M or F Grade \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Congregation: \_\_\_\_\_

Please return completed registration form, health form (on the back) and \$10 deposit by **December 15, 2009**

to the following address:

**Shetek Lutheran Ministries \* 14 Keeley Island Dr\* Slayton, MN 56172**

## Health Form (must be completed to attend)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the camper have allergies to any foods, meds, etc? \_\_\_\_\_ If yes, what are they and how does the camper react? \_\_\_\_\_

Medications presently taking (name, does, time) \_\_\_\_\_

Immunization History: Diptheria-Tetnus \_\_\_\_\_ Date \_\_\_\_\_ Polio \_\_\_\_\_ Date \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Any discouraged activities? \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy & Group #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of medical emergency: I give my permission to the camp to treat my child for minor aches, flu-like symptoms, and injuries with medications approved by the camp's local physicians. I give my permission to the local physician to hospitalize, treat, medicate or perform surgery for my child if I or an alternate contact cannot be reached.

Signature (adult): \_\_\_\_\_ Date: \_\_\_\_\_

