



**MANITOWOC LUTHERAN HIGH SCHOOL  
2010 SUMMER CAMP REGISTRATION**



\*\*(Please use one form per camper for each camp)

Camp: (please check the only one that applies to this form)

\_\_\_\_\_ Boys Basketball                      \_\_\_\_\_ Wrestling  
 \_\_\_\_\_ Girls Basketball                      \_\_\_\_\_ Football  
 \_\_\_\_\_ Volleyball

**All Camps: \$40**  
**Deadline: May 22<sup>nd</sup>**

Camper's Name: \_\_\_\_\_ Grade in 2010-2011: \_\_\_\_\_

School: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_, WI \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Home                      Parent Email: \_\_\_\_\_  
 \_\_\_\_\_ Emergency  
 \_\_\_\_\_ Father's work                      T-Shirt Size: (Youth) S M L  
 \_\_\_\_\_ Father's Cell                      (Adult) S M L XL  
 \_\_\_\_\_ Mother's work  
 \_\_\_\_\_ Mother's Cell

*T-Shirts are NOT guaranteed to campers that register late.*

The above student has my permission to participate in the above camp. I understand that the coaches, instructors, and Manitowoc Lutheran High School will not be held responsible for injuries in case of an accident. I also understand that the camp and the school do NOT provide insurance and we are responsible for providing our own insurance. You will not receive a confirmation notice of the camp. Your cancelled check is receipt for the camp. No refunds will be given if you cancel camp attendance except with a doctor's note for illness or injury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

**Please return form to:**  
 Manitowoc Lutheran High School  
 Attn: **Camp Coordinator** (use correct name -- see tri-fold flyer)  
 4045 Lancer Circle  
 Manitowoc, WI 54220



**Make check(s) payable to:**  
**Camp Coordinator's Name - see flyer**  
 (Please provide a separate check and form for each different camp)  
 \*\* See note above!!