

Get Inspired!



## Summer YOUTH Registration Form

Fax registration to 828-687-1600, email to [registration@novusway.org](mailto:registration@novusway.org); or register online at [www.novusway.org](http://www.novusway.org)

Camper First Name _____	Last Name _____
Birth date _____	Grade Just Completed _____ Gender _____

**CAMP of Choice:** Lutheridge Lutherock Luther Spring Lutheranch

If child is coming multiple weeks please list them all here

Week dates \_\_\_\_\_ Program Name \_\_\_\_\_

Week dates \_\_\_\_\_ Program Name \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION:** Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**First Parent/Guardian:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Second Parent/Guardian:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

In an emergency, we will first attempt to contact a parent/guardian. If they cannot be reached, the emergency contact listed above will be our next call.

**Roommate Preference:** (List no more than two. Each must request the other.) \_\_\_\_\_

Do we have permission to photograph your child \_\_\_YES\_\_\_NO Do we have permission to transport your child \_\_\_YES\_\_\_NO

Note any allergies, dietary needs or health conditions requiring treatment, restriction, or special accommodations while at camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Home Church \_\_\_\_\_ City/State \_\_\_\_\_

Will Church be paying for Camp ? YES/NO If Yes, How Much are they paying? \_\_\_\_\_

Where should we mail their bill: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAYMENT INFORMATION:** Person responsible for paying camper's fee is \_\_\_\_\_

Total payment \$ \_\_\_\_\_ Check/Money Order MasterCard VISA Discover AMEX

Name on card \_\_\_\_\_ Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature \_\_\_\_\_

Please use ONE registration form per camper

*If you have questions or need registration assistance, please call us at 828-209-6301 or by emailing [registration@novusway.org](mailto:registration@novusway.org)*