



CAMP-IN-DAIGUA

REGISTRATION FORM

Camp-in-Daigua 320 S. Pearl St., Canandaigua, NY
(585)394-2760 X
Camp.in.daigua@gmail.com

Summer 2026

June 28, 2026 to August 14, 2026

See sessions and options below

CAMPER INFORMATION

Date of Birth: ___/___/___

Camper's Full Name: _____

Gender: Male Female

Age (as of 6/28/26): _____

(circle one please)

Address: _____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) Full Name(s): _____

Relationship to Camper: _____

Daytime Phone: _____

Cell Phone: _____

Other Phone: _____

CAMP SELECTION (Please circle which camp(s) you would like to register your camper for)

Session One: June 28-July 3 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Two: July 6-10 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Three: July 13-17 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Four: July 20-24 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Five: July 27-31 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Six: August 3-7 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F

Session Seven: August 10-14 Full Day Half Day (Ages 4 & 5) Select Day(s): M T W Th F



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PERMISSIONS AND AGREEMENTS

Camper's Full Name: _____

Birthdate: ____/____/____

Parent/Guardian must **check AND sign any individual agreement as listed below**. Please note that failure **to sign all permission slips (except the photo release) will result in your child being excluded from camp**. This is to protect your child and Camp-in-Daigua as your child attends camp. Each child needs a separate form signed. Thank you.

My child may participate in all of the Camp-in-Daigua daily activities. If my child has physical limitations such that specific activities are excluded, I have included a physician's note in this file.

Parent/Guardian Signature Date Signed

I authorize the camp to provide or obtain emergency care if necessary. I understand that every effort will be made to notify the parent before non-life-threatening care is sought. In the event of a life-threatening emergency, EMS will be called and my child may be taken to and treated at the nearest available emergency room.

Parent/Guardian Signature Date Signed

I have read and agree to all of the camp's policies and procedures as outlined in the parent packet. I agree to the personal injury and liability waiver contained therein. I understand that behavior/conduct outside these guidelines may result in my child being excluded from camp and there are no refunds.

Parent/Guardian Signature Date Signed

I authorize my child to be photographed in the all camp photo.

Parent/Guardian Signature Date Signed

I authorize my child's photos/videos of my child to be used for promotional purposes for the camp and I understand there is no remuneration for the use of such photos/videos now or into the future. At no time will Camp-in-Daigua include identifying information including their name, birthdate or specific dates of attendance.

Parent/Guardian Signature Date Signed



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LIABILITY WAIVER

Camper's Full Name: _____

Birthdate: ____/____/____

Parent/Guardian must **check AND sign any individual agreement as listed below**. Please note that failure **to sign this form will result in your child being excluded from camp**. This is to protect your child and Camp-in-Daigua as

I understand that the campus of Camp-in-Daigua is monitored by CCTV cameras and that my child will be recorded on them throughout their day. These videos are for security only and will not be used in any social or other media in any way.

Parent/Guardian Signature

Date

I agree to the above liability waiver and agree to not hold Camp-in-Daigua and The Lutheran Church of the Good Shepherd liable in the event my child is injured or harmed in the manner described therein.

Parent/Guardian Signature

Date