

## DAY CAMP JULY 22ND - JULY 26TH OVERNIGHT CAMP JULY 29TH - AUGUST 2

DAY CAMP: \$109 PER CHILD (ENTERING K-6) OVERNIGHT: \$169 PER CHILD (ENTERING 3-6)

## CHILD'S INFORMATION:

FIRST NAME:	LAST NAME:		DATE OF BIRTH:	/ /	
FEMALE MALE GRADE (AS OF SEPTEMBER 2019):	DATE OF LAST TETANUS:		CABIN PARTNER REQUEST: (SAME AGE CATI	'EGORY)	
PARENT(s)/GUARDIAN(s):	CONTACT#: (	)	CONTACT 2#: (	)	
ADDRESS:	(	CITY:	STATE:	ZIP:	
E-MAIL ADDRESS:	0				
MERGENCY CONTACT: RELATIONSHIP:			CONTACT#: (	)	
MEDICAL CONCERNS OR ALLERGIES:					
MEDICATION(s) BRINGING TO CAMP:					
HEALTH INSURANCE COMPANY:	POLICY#:	:	GROUP#:		
FAMILY PHYSICIAN:	CITY:		CONTACT#: (	)	
PAYMENT INFORMATION		Please mail this completed form along with payment (check, money order, or credit card info) to: CAMP LACAMAS ADVENTURE CAMP 2017			
VISA MASTERCARD AMEX DISCOVER   NUMBER:                 EXP. DATE:   SECURITY CODE (ON BACK):			15012 NE 50TH STREET VANCOUVER, WA 98682 Registration must be fully complete to be processed. Please contact Camp Lacamas at (360) 834-3262, mon-fri 10am-6pm, with questions.		
NAME ON CARD:					
CITY:STATE:Z PLEASE CHECK THE APPROPRIATE BOXES BELOW. PLEASE SPECIFY F (MEDICAL CONCERNS OR ALLERGIES) DAY CAMP (ENTERING GRADES K-6) \$109.00 OVERNIGHT CAMP (ENTERING GRADES 3-6) \$ SPECIAL DIETARY NEEDS (GLUTEN AND/OR D T-SHIRT SIZE: (xs,s,m,L)   YOUTH SIZE	ZIP: OOD ALLERGIES ABOVE \$169.00 PAIRY FREE) \$30.00	ADVENTUR ARE NOW REGISTRAT WILL RECE CAMP T-SU	Adventure Camp T-Shirts Adventure camp t-shirts Are now included with Registration! your child Will Receive an adventure CAMP t-shirt at the end of	P HEDDEN KINGDON	
Cardholder's signature: X date://		TO INCLU	CAMP WEEK. PLEASE BE SURE TO INCLUDE THEIR SHIRT SIZE TO THE LEFT FOR ORDERING.		

As parent or legal guardian, I give the above named child my permission to attend and participate in a Camp Lacamas camp. In the event of illness or injury I authorize the camp staff to provide emergency care via the camp nurse, local medical staff, or hospital in case I cannot be reached. I understand that Camp Lacamas' insurance is secondary to my own primary coverage, for which I am responsible. I understand, acknowledge, and accept the risks that are involved in camping activities. I hereby verify that all immunizations are current, and the above information is complete and accurate. I agree to notify Camp Lacamas of any changes prior to camp check-in. I understand that it is my responsibility to notify the camp regarding food allergies my child has prior to camp check-in. Registrations may be refundable at Camp Lacamas' sole discretion. Acceptance and participation in Camp Lacamas programs are the same for everyone regardless of gender, race, color, or national origin. Media clips and photos of my child may be used for Camp Lacamas promotional purposes.

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