

# CAMP LACAMAS ADVENTURE CAMP

SEARCH FOR THE...  
**HIDDEN  
KINGDOM**  
MATTHEW 13:44

DAY CAMP JULY 30 - AUGUST 3  
OVERNIGHT CAMP AUGUST 6-10

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 <input type="checkbox"/> MALE <input type="checkbox"/> | GRADE (AS OF SEPTEMBER 2018): | DATE OF LAST TETANUS: | CABIN PARTNER REQUEST: |      |
| PARENT(S)/GUARDIAN(S):  |                               | CONTACT#: ( )         | CONTACT 2#: ( )        |      |
| ADDRESS:  |                               | CITY:                 | STATE:                 | ZIP: |
| E-MAIL ADDRESS:   |                               | @                     |                        |      |
| EMERGENCY CONTACT:  | RELATIONSHIP:                 | CONTACT#: ( )         |                        |      |
| MEDICAL CONCERNS OR ALLERGIES:                                |                               |                       |                        |      |
| MEDICATION(S) BRINGING TO CAMP:                               |                               |                       |                        |      |
| HEALTH INSURANCE COMPANY:                                     | POLICY#:                      | GROUP#:               |                        |      |
| FAMILY PHYSICIAN:   | CITY:                         | CONTACT#: ( )         |                        |      |

### PAYMENT INFORMATION

CHECK / MONEY ORDER ENCLOSED

VISA  MASTERCARD  AMEX  DISCOVER

NUMBER: | | | | | | | | | | | | | | | | | | | | | |

EXP. DATE: \_\_\_/\_\_\_/\_\_\_ SECURITY CODE (ON BACK): | | | |

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOXES BELOW. PLEASE SPECIFY FOOD ALLERGIES ABOVE (MEDICAL CONCERNS OR ALLERGIES)

DAY CAMP (ENTERING GRADES K-6) \$109.00

OVERNIGHT CAMP (ENTERING GRADES 3-6) \$169.00

SPECIAL DIETARY NEEDS (GLUTEN AND/OR DAIRY FREE) \$30.00

T-SHIRT SIZE: \_\_\_ (XS,S,M,L)  YOUTH SIZE  ADULT SIZE

CARDHOLDER'S SIGNATURE: X \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Please mail this completed form along with payment (check, money order, or credit card info) to:

CAMP LACAMAS  
ADVENTURE CAMP 2017  
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.

## 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 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.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_