CAMP LACAMAS ADVENTURE CAMP

SEARCH FOR THE... FOUNTAIN OF LIFE

PSALM 36:9

DAY CAMP JULY 24-28
OVERNIGHT CAMP JULY 31-AUGUST 4

DAY CAMP: $99 PER CHILD (ENTERING K-6)
OVERNIGHT: $159 PER CHILD (ENTERING 3-6)

CHILD'S INFORMATION:

FIRST NAME: LAST NAME: DATE OF BIRTH: / /

FEMALE ☐ MALE ☐ GRADE (AS OF SEPTEMBER 2017): 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) $99.00
☐ OVERNIGHT CAMP (ENTERING GRADES 3-6) $159.00
☐ SPECIAL DIETARY NEEDS (GLUTEN AND/OR DAIRY FREE) $20.00
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 _____/_____/_____