



# Camp La Verne

## 2025 Winter Camp



**Junior AND Junior High**  
**Entering 3<sup>rd</sup> – 8<sup>th</sup> grade**  
**February 15-17**

**Registration**  
**Deadline:**  
**February 7, 2024**

**Camp Sign-in 11:00 a.m. on Saturday, Feb. 15**  
**Camp Ends: 10:30 a.m. on Monday, Feb. 17**

### Self-Selecting Fee Scale

- Level 1 - \$85** covers our minimum costs to meet our needs
- Level 2 - \$90** assists in offsetting costs and paying our staff
- Level 3 - \$100** supports our general camp and our Camper Scholarship Fund

*Scholarships Available—check all that apply*

- \$75 off Work Camp Scholarship (attended a work camp with an adult)
- \$75 off Counselor Scholarship (volunteered as a counselor for one of our summer camps)
- \$25 off Banquet Server Scholarship (served at this year's Camp Banquet)

**Total Amount Paid \$** \_\_\_\_\_

**Payments Accepted via Zelle or PayPal:** [campmanager@camplaverne.org](mailto:campmanager@camplaverne.org) (Please leave Camper's name in memo line)  
**or Checks can be made out and mailed to Camp La Verne, P.O. Box 355, La Verne, CA 91750-0355**

To properly plan and staff our camp, there are **NO LATE** or **ON-SITE** registrations. We encourage you to include the full fee with your registration but will accept a 50% deposit by June 15<sup>th</sup> with the rest due at the start of camp.

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Camper Name and Pronouns \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Gender for Cabin Assignment    Age at Camp    Grade in Fall

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Address \_\_\_\_\_

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City, State, Zip code \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cabin-Mate Preference: \_\_\_\_\_

Dietary Restrictions (i.e. vegetarian, food allergies, etc.): \_\_\_\_\_

# Parent/Legal Guardian Permissions

I give permission for my child (or ward) to become a participant of the Camp La Verne program. I will assist in observing the rules of the camp; I waive any claims against Camp La Verne Inc., or its agents. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child (or ward). The authorization shall remain effective throughout the entire camp session the child attends unless sooner revoked in writing delivered to said agent(s). This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I permit the use of photographs/video footage of my child for the promotional purposes of Camp La Verne.

YES

NO

Other than legal parent/guardians, I authorize my child to leave camp with the following:

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Camper

# Camper Health History and Medical Consent Form

Camp Attending: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ Sex (circle one): M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Covid Vaccination: None\_\_\_\_ Some\_\_\_\_ Up to date\_\_\_\_

Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect the camper's participation in camp activities.

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Please list any medications the camper will be taking while at camp.

Medicine: _____	Dosage: _____	Time(s) of Day: _____
Medicine: _____	Dosage: _____	Time(s) of Day: _____
Medicine: _____	Dosage: _____	Time(s) of Day: _____

Consent for Non-prescription Medication: During the above listed dates, I give my permission for my child to receive over the counter medications from the assigned medical staff worker. Please list any OTCs you DO NOT want your child to receive below:

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In case of emergency, notify:

_____	_____	_____
First and Last Name	Phone Number	Relationship to Camper

Person to be notified if above cannot be reached:

_____	_____	_____
First and Last Name	Phone Number	Relationship to Camper

## Consent and for medical treatment:

I hereby give permission to the medical personnel selected by Camp La Verne to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp La Verne to secure and administer treatment, including hospitalization, for the child named above. This form may be photocopied for trips out of camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or Legal Guardian if camper is under 18 years of age