



Camp La Verne

2024 Winter Camp



Ages 12-18
February 17 – February 19
Registration deadline Feb. 9

Fees: \$85.00, please see registration deadline

EVERYONE MUST PRE-REGISTER! There are no on-site registrations.

Camp Sign-in 11:00 a.m. on Saturday
Camp Ends: 10:30 a.m. on Monday

Camper Name Pronouns

_____ / _____ / _____

Gender for Cabin Assignment Birthdate Grade

Address

City, State, Zip code

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Home Church (if applicable): _____

Cabin-Mate Preference: _____

Payment: check PayPal

Special Needs (health, diet, etc.):

PARENTAL/LEGAL GUARDIAN PERMISSION
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.

I Permit the use of photographs/video footage of my child for the promotional purposes of Camp La Verne. Yes / No

I authorize my child to leave camp with:

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Please fill in form and email it to: campmanager@camplaverne.org
Checks can be brought up to camp or payment can be made via PayPal.

IMPORTANT INFORMATION

Contact Information
Erica Schatz (310) 941-5366

Camp La Verne (On-Site – only during camp)

(909) 794-2931

Or visit www.camplaverne.org

WHAT TO BRING TO CAMP

A WARM SLEEPING BAG

Pillow

Shoes

Hiking Boots

3-4 Pairs Socks

3-4 Pair Pants

3-4 Shirts

3-4 Undergarments

Hat, Jacket, Coat, Gloves

Toothbrush and Paste

Flashlight

Towel

Washcloth

Soap

Deodorant

Insect Repellant

Sunscreen

Water Bottle

A favorite game

A favorite story

Money for the store

A Friend (they too must pre-register)

Medication

Please leave electronics at home,

camp is for unplugging

Camper
Health History and Medical Consent Form

Camp Attending: _____ **Dates Attending:** _____

Camper's Name: _____

Address: _____ **City:** _____ **State:** _____

Date of Birth: ___/___/___ **Age at Camp:** _____ **Sex:** _____ **Height:** _____ **Wt:** _____

Insurance Provider: _____ **Policy #:** _____

Family Physician: _____ **Phone #:** _____

Date of Last Tetanus Shot: ___/___/___ **COVID Vaccinations:** _____ up to date _____ some _____ none

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

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

Medicine: _____ **Dosage:** _____ **Time of Day:** _____

Medicine: _____ **Dosage:** _____ **Time of Day:** _____

Medicine: _____ **Dosage:** _____ **Time of Day:** _____

Consent for Non-prescription Medication: During the above listed dates, I give my permission for my child to receive the following over the counter medications from the assigned medical staff worker. (Please Check)

Kaopectate ___ YES ___ NO

Tylenol ___ YES ___ NO

Pepto-Bismol ___ YES ___ NO

Chloraseptic Spray ___ YES ___ NO

Caladryl ___ YES ___ NO

Advil ___ YES ___ NO

Alka Seltzer/Roloids ___ YES ___ NO

Cepacol ___ YES ___ NO

Milk of Magnesia ___ YES ___ NO

Benadryl ___ YES ___ NO

In case of emergency notify:

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Person to be notified if above cannot be reached:

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

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 a 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

