



Camp La Verne

2022 Summer Camps



Junior Camp
Entering 3rd – 5th grade
July 10 – July 16
Alex Brehmeyer

Junior High Camp
Entering 5th – 8th grade
July 24 – July 30

Senior High Camp
9th – 12th grade
July 24 – July 30
Erica Schatz & Kevin Schatz

Fees: \$250.00 if paid by June 1st
\$350.00 if paid after June 15th
\$125.00 for first time campers
Scholarships are available, see below.

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

Camp Sign-in 4:00 p.m. on Sunday
Camp Ends: 11:00 a.m. on Saturday

Camper Name

_____/_____/_____
Gender for Cabin Assignment Birthdate Grade in Fall

Address

City, State, Zip code

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Home Church (if applicable): _____

Pronouns: _____

Cabin-Mate Preference: _____

Amount Enclosed: _____

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

Pay by check to:
Camp La Verne
PO Box 355
La Verne, CA 91750
Pay online via paypal at:
<https://tinyurl.com/clvpaypal>

IMPORTANT INFORMATION

Contact Information

Erica Schatz (310) 941-5366

Jonathan Bay (818) 495-5662

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

(909) 794-2931

Or visit www.camplaverne.org

Fees and Scholarship Information

We need your registration by the due date to qualify for these scholarships:

 I'm a first time Camper Scholarship: fee is \$125.00 = 50% scholarship.

 Volunteer Scholarship, attend a Work Camp at Camp with an Adult: \$75.00 scholarship for summer or winter camp

 Banquet Server Scholarship, help serve at the Camp La Verne banquet: \$25.00 scholarship for summer or winter camp.

We encourage you to include the full fee with your registration but we will accept a 50% deposit at time of registration with the rest due at the start of camp.

We really want you to come to camp! Please call Jonathan Bay if you need further assistance.

WHAT TO BRING TO CAMP

Sleeping bag

Pillow

Sturdy Shoes

Hiking Boots (for the overnight hike in Jr. High/Sr. High)

6-7 Pairs Socks

3-4 Long Pants

6-7 Shirts

3-4 Shorts

6-7 Undergarments

Hat, Jacket, Sweatshirt, Gloves

Toothbrush and Toothpaste

Flashlight

Lake Towel

Shower Towel

Washcloth/Shower Poof

Soap/Shampoo

Deodorant

Insect Repellant

Sunscreen

Water Bottle

A favorite game/deck of cards

Cash for the store (checked in, \$20 or less)

Medication (to be checked in)

A Friend (they too must pre-register)

Please leave electronics at home; camp if for unplugging

Camper
Health History and Medical Consent Form

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

Campers Name: _____

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

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

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

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

Date of Last Tetanus Shot: ___/___/___

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:** _____

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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 Circle)

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.