



# Camp La Verne

## 2023 Summer Camps



Junior Camp  
Entering 3<sup>rd</sup> – 5<sup>th</sup> grade  
July 16 – July 22

Junior High Camp  
Entering 5<sup>th</sup> – 8<sup>th</sup> grade  
July 23 – July 29

Senior High Camp  
9<sup>th</sup> – 12<sup>th</sup> grade  
July 23 – July 29

**Fees: \$250.00** if paid by June 1<sup>st</sup>  
\$350.00 if paid after June 15<sup>th</sup>  
\$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 and Pronouns

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Gender for Cabin Assignment Birthdate Grade in Fall

Address

City, State, Zip code

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

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

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

Home Church (if applicable): \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_

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:**  
Camp La Verne  
PO Box 355  
La Verne, CA 91750  
**Pay Online: [paypal.me/camplaverne](https://www.paypal.me/camplaverne)**

## **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](http://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 Erica Schatz 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 Repellent

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 is 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: \_\_\_/\_\_\_/\_\_\_ 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 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

Pepto-Bismol YES NO

Caladryl YES NO

Alka Seltzer/Roloids YES NO

Milk of Magnesia YES NO

Tylenol YES NO

Chloraseptic Spray YES NO

Advil YES NO

Cepacol 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