Camp La Verne

2017 Winter Camp, March 17 – 19
Erica Brown and Kevin Schatz directors

Ages Junior High and High School

Fee: **$65.00** if postmarked by March 6th
(No registrations accepted after March 6th)
☐ Camper was a server at the Banquet, reduced fee by $25

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

Camp Sign-in 7:00 p.m. on Friday, March 17
Camp Check-out: 2:30 p.m. on Sunday, March 19

_____
Camper Name

_____ ____/____/____ _____
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:_____

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 (circle one)

I authorize my child to leave camp with:

_____

_____
Parent/Guardian Signature

_____
Parent/Guardian Printed Name

_____
Date

Please write & send your check with this form to:
CAMP LA VERNE, INC.
P.O. BOX 355
LA VERNE. CA 91750-0355

IMPORTANT INFORMATION
Contact Information
Kathy Doramus (909) 593-8836
Sara Davis (818) 952-8972

Camp La Verne (On-Site – only during camp)
(909) 794-2931
Or visit www.camplaverne.org

Camper

Health History and Medical Consent Form

Camp Attending: _____Dates Attending:_____

Campers Name:_____

Address:_____City:_____State:_____

Date of Birth: ____/____/____ Age at Camp: _____ Sex (circle one): 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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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 form the assigned medical staff worker. (Please Circle)

Kaopectate YES NO

Pepto-Bismol YES NO

Caladryl YES NO

Alka Seltzer/Rolaids 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 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

WHAT TO BRING TO CAMP

A WARM SLEEPING BAG
Pillow
Shoes
Hiking Boots
5-6 Pairs Socks
5-6 Pair Pants
5-6 Shirts
5-6 Pair Shorts
5-6 Undergarments
Hat, Jacket, Coat, Gloves
Toothbrush and Paste
Flashlight
Towel
Washcloth
Soap
Deodorant
Insect Repellant
Sunscreen
Water Bottle
A favorite game
A favorite story
Bible
Money for the store
A Friend (they too must pre-register)
Medication

No Electronics

No Candy