



Camp La Verne

2017 Summer Camps



Junior Camp
Entering 3rd – 5th grade
July 16 – July 22
Janet Hart Short
Registration deadline June 30

Junior High Camp
Entering 6th – 8th grade
July 30 – Aug 5
Chris Davis & Ben Sankey
Registration deadline July 14

Senior High Camp
Entering 9th – 12th grade
July 23 – July 29
Erica Brown & Kevin Schatz
Registration deadline July 7

Fees: \$350.00, please see Registration deadlines
\$250.00 special **Early-bird** price if postmarked by 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): _____

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

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 Kathy Doramus if you need further assistance.

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

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: _____

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 Circle)

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

