



Camp La Verne

2018 Summer Camps



Junior Camp

Entering 3rd – 5th grade
June 17 – June 23
Janet Hart Short
Registration deadline June 1

Junior High Camp

Entering 6th – 8th grade
July 8 – July 14
Chris Davis & Ben Sankey
Registration deadline June 22

Senior High Camp

Entering 9th – 12th grade
June 24 – June 30
Erica Brown & Kevin Schatz
Registration deadline June 8

Fees: \$350.00 - please see registration deadlines above
\$380 if postmarked after the registration deadline
\$250.00 special **Early-bird** price if postmarked by June 1st
\$125.00 off for first time campers

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: _____

Scholarship Used (if applicable): _____

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. (check one)

YES **NO**

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

Health History and Medical Consent Form

Camp Attending: _____ Dates Attending: _____

Camper's Name: _____

Date of Birth: ___/___/___ Age at Camp: _____ Sex (circle one): M / F Height: _____ Weight: _____

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 check all that apply.)

Kaopectate

Pepto-Bismol

Caladryl

Alka Seltzer/Rolaids

Milk of Magnesia

Tylenol

Chloraseptic Spray

Advil

Cepacol

Benadryl

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 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

Scholarship Information

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

- First Time Camper Scholarship: \$125.00 off
- Counselor Scholarship: \$75.00 off
 - Volunteer as a counselor at one of our summer camps to earn this scholarship
- Work Camp Scholarship: \$75.00 off
 - Attend a Camp La Verne work camp with an adult to earn this scholarship
- Banquet Server Scholarship: \$25.00 off
 - Help serve at the Camp La Verne banquet in February to earn this scholarship

Fee Information:

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.

CONTACT INFORMATION

Registrar: Erica Brown (310) 941-5366

Board Chair: Jeff Brehmeyer (909) 938-9605

Camp La Verne (On-Site – only during camp) (909) 794-2931

www.camplaverne.org

WHAT TO BRING TO CAMP

Warm sleeping bag

Pillow

Shoes

Hiking Boots

6-7 Pairs of Socks

3-4 Pairs of Pants

6-7 Shirts

3-4 Pairs of Shorts

6-7 Undergarments

Hat

Jacket

Toothbrush and Toothpaste

Flashlight

Bath Towel & Beach 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