



Camp La Verne

2019 Summer Camps



Junior Camp
Entering 3rd – 5th grade
June 23 – June 29
Janet Hart Short

Junior High Camp
Entering 6th – 8th grade
July 21 – July 27
Ben Sankey

Senior High Camp
Entering 9th – 12th grade
July 7 – July 13
Erica Schatz & Kevin Schatz
*Please email kjschatz@gmail.com
if registering for this camp after
July 4th.*

Fees: \$350.00 - please see registration deadlines above
\$380 if postmarked after the registration deadline
\$250.00 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

_____ Grade in Fall

_____ Address

_____ City, State, Zip code

Phone /Name: _____

Additional Phone (if necessary): _____

E-mail address: _____

Home Church (if applicable): _____

Cabin-Mate Preference: _____

Amount Enclosed: _____

Scholarship Used (if applicable): _____

T-Shirt included with registration. Please select one size.
Youth: S M L XL
Adult: S M L XL XXL

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 special diet that the cook should be aware of.

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 all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Kaopectate | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Chloraseptic Spray |
| <input type="checkbox"/> Caladryl | <input type="checkbox"/> Advil |
| <input type="checkbox"/> Alka Seltzer/Roloids | <input type="checkbox"/> Cepacol |
| <input type="checkbox"/> Milk of Magnesia | <input type="checkbox"/> Benadryl |

In case of emergency notify:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Person to be notified if above cannot be reached:

Name: _____ Relationship: _____

Cell 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