



# Camp La Verne

## 2019 Summer Camps



**Junior Camp**

Entering 3<sup>rd</sup> – 5<sup>th</sup> grade  
June 23 – June 29  
Janet Hart Short  
Registration deadline June 9

**Junior High Camp**

Entering 6<sup>th</sup> – 8<sup>th</sup> grade  
July 21 – July 27  
Ben Sankey  
Registration deadline July 7

**Senior High Camp**

Entering 9<sup>th</sup> – 12<sup>th</sup> grade  
July 7 – July 13  
Erica Brown & Kevin Schatz  
Registration deadline June 23

**Fees: \$350.00** - please see registration deadlines above  
\$380 if postmarked after the registration deadline  
**\$250.00 Early-bird** price if postmarked by June 1<sup>st</sup>  
\$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):

**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

T-Shirt included with registration. Please select one size.

**Youth:** S M L XL XXL

**Adult:** S M L XL XXL

**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](http://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**