



Camp La Verne

2019 Winter Camp, February 16 – 18



Ages Junior High and High School (6th-12th)

Registration Deadline: February 2nd

Fee: \$85.00 if postmarked by January 15th

\$115 if postmarked after January 15th

Camper will be a server at the Banquet, reduced fee by \$25

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

Camp Sign-in 11:00 a.m. on Saturday, Feb 16

Camp Check-out: 10:30 a.m. on Monday, Feb 18

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

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

Camper Health History and Medical Consent Form

Camp Attending: _____ Dates Attending: _____

Camper's 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 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 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.

Fee Information:

If your child works the camp banquet on February 2nd, they can receive a \$25 discount.

Contact Sara Davis for details: (818) 333-6736.

Also, check the box on the form and send in the discounted rate if your child plans to work at the banquet.

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

Snow Boots

6-7 Pairs of Socks

2-3 Pairs of Pants

2-3 Shirts

2-3 Undergarments

Hat/Beanie

Jacket

Sweatshirt

Scarf

Mittens and/or Gloves

Toothbrush and Toothpaste

Flashlight

Bath Towel

Washcloth

Soap

Deodorant

Sunscreen

Water Bottle

A favorite game

A favorite story

Bible

A Friend (they too must pre-register)

Medication