



Camp Fire USA™
Southwest Louisiana Council

Camp Wi-Ta-Wentin

2008 Summer Registration

**THIS FORM MUST BE RETURNED
 TO THE OFFICE AT THE ADDRESS BELOW.**

Camp Fire USA Southwest Louisiana Council
2126 Oak Park Boulevard
Lake Charles, LA 70601
(337)478-6550 telephone / (337)478-6551 fax
www.campfireswla.org

The information on this form is not part of the camper or staff acceptance process, but it is gathered to assist us in properly grouping your child, scheduling his/her activities, and identifying appropriate care.

Dates of Camp Attendance _____

CAMPER INFORMATION

Name _____ Birth Date _____ Age at camp _____

Last First Middle

Home address _____

Street Address City State Zip

Gender Male Female

T-shirt size _____

School _____

Grade completed in May 2008 _____ (Must have completed kindergarten) Did you hear about our camp from one of our staff members or a fellow camper?

Please give us their name. _____

PARENT/GUARDIAN INFORMATION

Relationship to Camper _____

Custodial parent/guardian _____ E-mail _____

Home address _____ Phone _____

(if different from above) Street Address City State Zip

Business address _____ Phone _____

Street Address City State Zip

Relationship to Camper _____

Second parent/guardian _____ E-mail _____

Address _____ Phone _____

Street Address City State Zip

Business address _____ Phone _____

Street Address City State Zip

LOCAL EMERGENCY CONTACTS *Authorized to act on behalf of parent(s)/guardian if they cannot be reached.*

If not available in an emergency, notify _____ Relationship to camper _____

Home Phone _____ Other phone: _____

Address _____

Street Address City State Zip

If not available in an emergency, notify _____ Relationship to camper _____

Home Phone _____ Other phone: _____

Address _____

Street Address City State



Name

Cabin or Group

Year

CAMPER'S BASIC HEALTH INFORMATION

Additional information can be provided on the Health History form.

Circle all that apply:

ADD ADHA Sleep Disorder Bed Wetting Asthma Epilepsy/Seizures Autism
 Diabetes Gluten Intolerance Other _____

Circle foods that child does not eat: red meat pork poultry seafood eggs milk/dairy products any animal products

Allergies (list all plus **reaction and treatment**): _____

Medications (list all): _____

Will this be the child's first time away from home overnight? Yes No

Is child apprehensive about camp? Comments _____

Is there anything we need to know about your child to facilitate a fun and successful time at camp? _____

Describe any unusual family circumstances the Camp Director, health care staff or counselor should know about _____

INFORMATION SPECIFIC TO CAMP ACTIVITIES

ALL CAMPERS — Swimming Level Non-Swimmer Does not know how to dive Cannot swim or dive due to medical condition

Please indicate highest level completed:

Red Cross I-Water Expl. II-Primary III-Stroke readiness IV-Devel V-Refinement VI-Proficient

YMCA Polliwog Guppy Minnow Fish Flying Fish Shark Porpoise

Comments about swimming ability and/or limitations: _____

ENROLLMENT

Check all sessions that your child will attend:

Resident 1 June 15, 2008—June 20, 2008

Resident 2 June 22, 2008—June 27, 2008

Resident 3 July 6, 2008—July 11, 2008

Fees: \$ 305 : includes meals and t-shirt

Day Camp session June 30, 2008-July 3, 2008
 7:30am-5:30pm

Fees: \$110 :includes meals and t-shirt; Optional Wednesday (July 2nd) sleep-over : additional \$10

DISCOUNTS:

Early Bird Registration Discount \$15.00

(Fees must be paid by 05/09/2008)

Family Discount \$25.00

(Discount applied to siblings of oldest registrant)

Multiple Sessions Discount \$25.00

(Discount applied to second or subsequent session)

TOTAL DISCOUNTS NOT TO EXCEED \$40.00 PER CHILD PER SESSION.

PAYMENT INFORMATION

A minimum non-refundable deposit of \$50.00 is required with each application. The remaining balance is due at least 30 days prior to the first day of camp.

Total cost for all sessions: \$ _____

Less discounts: Early Registration \$ _____

Family Discount \$ _____

Multiple Sessions \$ _____

TOTAL \$ _____

Amount Enclosed \$ _____

(Minimum \$50.00 deposit required; \$30.00 Campership App.)

BALANCE DUE \$ _____

CHECK ALL THAT APPLY:

Tax deductible Campership donation of \$ _____ enclosed. *Thank you for helping to send an underprivileged youth to camp.*

Campership Application (\$30.00 deposit required)

Check/Money Order in the amount of \$ _____

CABIN-MATE REQUEST (OPTIONAL)

You may request your child be housed with one or two fellow campers. Cabin-mates must be same gender and within one year of age/grade apart and are not guaranteed.

1. _____

2. _____

Registration

Rev. January 2006



PARENT/GUARDIAN AUTHORIZATIONS

I understand that a deposit of \$50 per session (\$30 for Campership applicants) must accompany each registration form. Regardless of registration date, the deposit is non-refundable, but is transferable to another session or to siblings that are attending camp in the same year. All but the \$50 deposit (\$30 Campership applicants) is refundable with written notification up to 30 days before the start of the session. A 50% refund of program fees will be given with less than 30 days but up to two weeks notice before the start of the session. No refund will be given with less than two weeks notice before the start of a session. Written notification of cancellation is required. The only exception is an unexpected medical condition for the camper, in which case a full refund or transfer to another session will be made with written notification and a written medical explanation from a physician. I agree to pay the remaining balance no later than 30 days before the start of the session for which we are registering, or risk having my child's enrollment canceled.

I understand that camp activities have inherent risks. My child (or ward) has permission to participate in the camp activities during the session(s) for which he/she is hereby enrolled. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing to participate in camp activities. I have discussed the Code of Conduct as outlined in the Parent Information Pack with my child. He/she understands the rules and consequences of violations as set forth therein. My child is willing to abide by camp policies and follow directions of camp personnel. 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 reasonably possible in case of any emergency effecting my child. In the event I cannot be reached in an emergency, I hereby authorize the alternate contact people named herein to act on my behalf, and authorize calling a physician to provide whatever emergency medical or surgical treatment is necessary. I further authorize the camp to provide routine, non-emergency medical care and transportation for said care, and understand that the camp will attempt to contact me about any unusual injuries or illnesses. I accept responsibility for the cost of such medical treatments.

In the event my child is photographed, filmed or recorded while attending Camp Wi-Ta-Wentin, Camp Fire USA may use the photo, film or recording for publicity, promotional or instructional purposes. I have read and understand the registration procedures, refund policies and all details in the Parent Information Pack.

Signature of Parent/Legal Guardian **X** _____ Date _____

Print Name _____ Relationship to child _____

DEMOGRAPHICS

Completing the information below correctly helps Camp Fire USA seek and receive funding from the community and governmental sources. Camp Fire USA activities are open to all persons without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.

Number in family _____

Child's ethnicity _____

Immigrant or Refugee from (country) _____

Status of Head(s) of Household:

- Married (2 parent)
- Single parent
- Partnership
- Guardianship
- Foster Parent

Household Income:

- Under \$15,000
- \$15,001—\$25,000
- \$25,001—\$35,000
- \$35,001—\$45,000
- \$45,001—\$55,000
- \$55,001—\$75,000
- \$75,001—\$100,000
- \$100,001—\$150,000
- \$150,001—\$200,000
- \$200,001 and up

PERSONS AUTHORIZED TO PICK UP MY CHILD

Anyone picking up campers will be required to sign here when the child is removed from our care. Photo ID will be required. Anyone picking up your child MUST be listed here or we will not release your child.

Name _____ Signature _____ Date _____ Time _____

Name _____ Signature _____ Date _____ Time _____

Name _____ Signature _____ Date _____ Time _____

Name _____ Signature _____ Date _____ Time _____

Name _____ Signature _____ Date _____ Time _____

The following persons are NOT authorized to pick up my child.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

