



**Camp Fire USA™**  
**Southwest Louisiana Council**

**Camp Wi-Ta-Wentin**

**2009 Summer Registration**

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

**Camp Fire USA Southwest Louisiana Council**  
**PO Box 4182**  
**Lake Charles, LA 70606**  
**(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 2009 \_\_\_\_\_ (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 7, 2009—June 12, 2009

Resident 2    June 14, 2009—June 19, 2009

Resident 3    June 21, 2009—June 26, 2009

Fees: \$ 295 : includes meals and t-shirt

Day Camp sessions: June 29-July 3, 2009

July 6-July 10, 2009

7:30am - 5:30pm

Fees: \$125 :includes meals and t-shirt;  
 Optional Thursday sleep-over : additional \$10

**DISCOUNTS:**

Early Bird Registration Discount    \$15.00

(Fees must be paid by 05/08/2009)

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 \_\_\_\_\_

