

LCC Day Camp Registration for the 2018-19 School Year

PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT.

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Email	Email		
Home Address	Mailing Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone

Medical Information

Hospital/Clinic Preference			
Physician's Name	Phone Number		
Insurance Company	Policy Number		

Allergies/Special Health Considerations

I certify that the above information is true and complete, to the best of my knowledge. I understand that there are risks associated with any physical activity and I agree to hold Linnton Community Center and staff harmless from any and all responsibility for any injury or condition that might occur as a result of my child participating in the program.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

LCC Day Camp Fees and Payment

Child's Name: _____

Check box for days your child will attend: Registration for the 2018-19 School Year

- | | | |
|--|--|--|
| <input type="checkbox"/> November 19 th | <input type="checkbox"/> November 20 th | <input type="checkbox"/> November 21 st |
| <input type="checkbox"/> December 17 th | <input type="checkbox"/> December 18 th | <input type="checkbox"/> December 19 th |
| <input type="checkbox"/> December 20 th | <input type="checkbox"/> December 21 st | <input type="checkbox"/> December 27 th |
| <input type="checkbox"/> December 28 th | <input type="checkbox"/> January 2 nd | <input type="checkbox"/> January 3 rd |
| <input type="checkbox"/> January 4 th | <input type="checkbox"/> January 22 nd | <input type="checkbox"/> January 25 th |
| <input type="checkbox"/> February 15 th | <input type="checkbox"/> March 25 th | <input type="checkbox"/> March 26 th |
| <input type="checkbox"/> March 27 th | <input type="checkbox"/> March 28 th | <input type="checkbox"/> March 29 th |
| <input type="checkbox"/> April 8 th | <input type="checkbox"/> April 12 th | <input type="checkbox"/> May 24 th |
| | | <input type="checkbox"/> May 29 th |

_____ Days of camp	X \$25	Total: _____
If not already in LCC Membership Program, registration fee per family is due	\$50	Due at time of registration.

Full payment for each camp paid in full prior to the beginning of the camp (payable by: check, money order, or PayPal, add LCC Day Camp and first & last name of your child.

Scan/email linntoncc.skristin@gmail.com mail or drop off registration form and fee to:

Linnton Community Center

10614 NW St. Helens RD

Portland, OR 97231

Call 503-286-4990 if you have any questions.

Method of Payment:

Check___ Money Order___ PayPal___

Agreements (please initial boxes):

I give permission for my child to go on field trips. I release Linnton Community Center and individuals from liability in case of accident during activities related to Linnton Community Center, if normal safety procedures have been taken. I give the Linnton Community Center permission to take and use photographs of my child for publicity and or news related purposes.

I understand that my child's membership standing is based on upon his/her ability to obey the rules of the Linnton Community Center, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

Cancellations received at least 30 days prior to the start of camp will be eligible for a refund. Cancellations received with less than 30 days' notice," will not receive a refund or a credit to reschedule.

Parent's/Guardian's Signature

Date

Office Use:

Application Fee Paid Upon Receipt: _____ Tuition Paid: _____ Application Received By: _____