

LCC Day Camp Registration

PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT.

<hr/> Child's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name			
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
<hr/> Email	<hr/> Email			
<hr/> Home Address	<hr/> Mailing Address			
<hr/> City, St, Zip Code	<hr/> City, St Zip Code			

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact		
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone

Medical Information

<hr/> Hospital/Clinic Preference	
<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> 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.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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LCC Day Camp Fees and Payment

Child's Name: _____

Write the month and days your child will attend: _____

Registration for _____ School Year

DATE OF CAMP(S)	PARENT INITIAL	REGISTRATION DATE

- **DAY CAMP COST \$25 PER DAY PER CHILD**
 - **IF NOT ENROLLED IN THE AFTER-SCHOOL PROGRAM A REGISTRATION FEE OF \$50 PER FAMILY IS DUE AT THE TIME OF SIGN UP.**

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: _____