

# Camp Lakotah

N1875 21<sup>st</sup> Ave. Wautoma, WI 54982  
 Register online at [www.camplakotah.com](http://www.camplakotah.com)

## 2010 Summer Day Camp Application

**Please complete a separate registration form for each camper enrolled.**

### Camper's Information:

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Boy  Girl  Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on first day of session \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### Guardian Information:

Parent/Guardian Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address if different from camper \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work/Day Time Phone (\_\_\_\_\_) \_\_\_\_\_ Ex. \_\_\_\_\_

### Session Options: Campers may enroll for more than one session.

| √                | Program Title | Session | Dates                      | Session Fee | Lunch   | Deposit | Total Session Fees |
|------------------|---------------|---------|----------------------------|-------------|---------|---------|--------------------|
|                  | Day Camp      | 1       | June 28 – July 2, 2010     | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 2       | July 5 – July 9, 2010      | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 3       | July 12 – July 16, 2010    | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 4       | July 19 – July 23, 2010    | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 5       | July 26 – July 30, 2010    | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 6       | August 2 – August 6, 2010  | \$125.00    | \$25.00 | \$75.00 | \$                 |
|                  | Day Camp      | 7       | August 9 – August 16, 2010 | \$125.00    | \$25.00 | \$75.00 | \$                 |
| <b>Total Due</b> |               |         |                            |             |         |         | <b>\$</b>          |

### Payment Information:

Total amount due \$ \_\_\_\_\_ I choose to pay:  Entire camp fee  Deposit (\$75/week)

Check enclosed (**payable to Camp Lakotah**) check amount \$ \_\_\_\_\_ check # \_\_\_\_\_

#### **Cancellation policy/agreement:**

I hereby apply for my child to attend Camp Lakotah. Enclosed you will find the required deposit which I understand will be credited toward the camp fee if my child is accepted for enrollment. I agree to pay the total camp fee on or before June 18, 2010. I understand that in the event of **cancellation: 1) Before February 1, 2010**, Camp Lakotah will retain 25% of the full deposit. **2) Between February 1 and June 18, 2010**, Camp Lakotah will retain the full deposit. **3) In the event of cancellation on or after June 19, 2010**, dismissal due to misconduct, or withdraw due to homesickness, Camp Lakotah will retain 100% of the session fee. If a medical condition (confirmed by a physician) occurs, Camp Lakotah will retain \$75.00 and refund the pro-rated balance. I understand the terms covering payment of camp fees and hereby give my approval and consent to the application.

#### **Waiver information:**

I hereby give permission to use any video, photographs, or written statements from my child's experience in public relations materials including the internet without compensation.

I understand that although Camp Lakotah has taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her camp experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to, those associated with canoeing, swimming, waterfront activities, sports activities, wildlife, and other components of resident camping.

Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless Camp Lakotah, its representatives and successors for all claims or liabilities of any kind arising out of my child's participation in this camp experience. I have read the descriptions of the session, understand the requirements for participation, and give my child permission to participate. I assume and accept the full responsibility for his/her participation.

In case of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I accept responsibility for medical/surgical treatment charges which may be incurred on my child's behalf.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_