

Camp Lakotah

N1875 21st Ave. Wautoma, WI 54982

Email: info@camplakotah.com Phone: (920) 787-0123

More information online at www.camplakotah.com

2010 Summer Overnight 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	Weekend Stay	Deposit	Total Session Fees
	Overnight Camp	1	July 11 – July 17, 2010	\$600.00	\$35.00	\$100.00	\$
	Overnight Camp	2	July 18 – 24, 2010	\$600.00	\$35.00	\$100.00	\$
	Overnight Camp	3	July 25 – July 31, 2010	\$600.00	\$35.00	\$100.00	\$
	Overnight Camp	4	August 1 – August 7, 2010	\$600.00		\$100.00	\$
					Discount		-
						Total Due	\$

Payment Information:

Total amount due \$ _____ I choose to pay: Entire camp fee Deposit (\$100/week)

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

Cancellation policy/agreement:

I hereby apply for my child to attend Camp Lakotah Inc. 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 **July 2, 2010**. I understand that in the event of **cancellation: 1) Before March 1, 2010**, Camp Lakotah Inc. will retain 25% of the full deposit. 2) **Between March 1 and July 2, 2010**, Camp Lakotah Inc. will retain the full deposit. 3) In the event of cancellation on or **after July 2, 2010**, dismissal due to misconduct, or withdraw due to homesickness, Camp Lakotah Inc. will retain 100% of the session fee. If a medical condition (confirmed by a physician) occurs, Camp Lakotah Inc. will retain \$100.00 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 Inc. 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 Inc. 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: _____