

Camp Lakotah

2018 Minikamp Enrollment Application

Ages 4 – 6 yrs. 1:00pm – 5:00pm

Please complete a separate enrollment form for each camper.

Camper's Information:

Camper's Full Name _____ Nickname _____
 Mailing Address _____ City _____ State _____ Zip _____
 Boy Girl Birthday ____/____/____ Age on first day of session _____
 Home Phone (____) _____ E-mail _____

Guardian Information:

Parent/Guardian Full Name _____ Relationship _____
 Address if different from camper _____
 E-Mail _____ Mobile Phone _____
 Work/Daytime Phone (____) _____ Ex. _____

Session Options: *Camper's may enroll for more than one session.*

√	Program Title	Session	Days of Week	Dates	FEE	Total Session Fees	
	Minikamp	MK All	Mon – Thurs	June 4 – June 28, 2018	\$275.00	\$	
	Minikamp	MK 1	Mon – Thurs	June 4 – June 7, 2018	\$75.00	\$	
	Minikamp	MK 1 A	Mon & Wed	June 4 – June 6, 2018	\$40.00	\$	
	Minikamp	MK 1 B	Tues & Thurs	June 5 – June 7, 2018	\$40.00	\$	
	Minikamp	MK 2	Mon – Thurs	June 11 – June 14, 2018	\$75.00	\$	
	Minikamp	MK 2 A	Mon & Wed	June 11 & June 13, 2018	\$40.00	\$	
	Minikamp	MK 2 B	Tues & Thurs	June 12 & June 14, 2018	\$40.00	\$	
	Minikamp	MK 3	Mon – Thurs	June 18 – June 21, 2018	\$75.00	\$	
	Minikamp	MK 3 A	Mon & Wed	June 18 & June 20, 2018	\$40.00	\$	
	Minikamp	MK 3 B	Tues & Thurs	June 19 & June 21, 2018	\$40.00	\$	
	Minikamp	MK 4	Mon – Thurs	June 25 – June 28, 2018	\$75.00	\$	
	Minikamp	MK 4 A	Mon & Wed	June 25 – June 27, 2018	\$40.00	\$	
	Minikamp	MK 4 B	Tues & Thurs	June 26 – June 28, 2018	\$40.00	\$	
Payment due in full upon registration						Total Due	\$

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 **June 1, 2018**. I understand that in the event of **cancellation: 1) Before May 1, 2018**, Camp Lakotah Inc. will retain 25% of the full deposit. 2) **Between May 1 and June 1, 2018**, Camp Lakotah will retain the full deposit. 3) In the event of cancellation on or **after June 1, 2018**, 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 \$50.00 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 Camp Lakotah Inc. and the Waushara County Human Services to use any video, photographs, or written statements from my child's experience in public relations materials and presentations including the internet without compensation. In these public relations efforts confidential materials about any or our children/youth is never released and only information relevant to the activity or event your child is involved in is provided.

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, laser tag and paintball play, swimming, waterfront activities, sports activities, wildlife, and other components of day and overnight 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: _____

Mail to: Camp Lakotah
N1875 21st Ave.
Wautoma, WI 54982
Phone: 920-787-0123

Make Checks Payable to: Camp Lakotah

www.camplakotah.com