

Camp Lakotah

2018 Summer Day Camp Enrollment Application

Full Day Program: 8:00am – 5:00pm

Ages 7 – 14 yrs.

Half Day Program: 1:00 pm – 5:00 pm

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 _____ Present Grade Level _____

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: Campers may enroll for more than one session.

***Lunch is not provided for ½ Day enrollees**

√	Program Title	Session	Dates	½ Day Fee*	Full Day Fee	Total Session Fees
	Day Camp	DC All	June 4 – August 10, 2018	\$650.00	\$1,450.00	\$
	Day Camp	DC 1	June 4 – June 8, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 2	June 11 – June 15, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 3	June 18 – June 22, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 4	June 25 – June 29, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 5	July 9 – July 13, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 6	July 16 – July 20, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 7	July 23 – July 27, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 8	July 30 – August 3, 2018	\$75.00	\$165.00	\$
	Day Camp	DC 9	August 6 – August 10, 2018	\$75.00	\$165.00	\$

Payment due in full upon registration

Total Due	\$
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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