LCC Summer Camp Registration

PLEASE RETURN COMPLETED FORM WITH A NON-REFUNDABLE \$50 APPLICATION FEE.

		M F	
Child's Name	Date of Birth	Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone Work Phone	Home Phone Work P	hone	
Email	Email		
Home Address	Mailing Address		
City, St Zip Code	City, St Zip Code		
Alternati	ve Emergency Contacts		
Primary Emergency Contact	Secondary Emergency Contact		
Home Phone Work Phone	Home Phone Work P	hone	
Me	edical Information		
Hospital/Clinic Preference			
Physician's Name	Phone Number		
Insurance Company	Policy Number	Policy Number	
Allergies/Special Health Considerations			
I certify that the above information is true and com associated with any physical activity and I agree to all responsibility for any injury or condition that mig I authorize all medical and surgical treatment, X-raprocedures as may be performed or prescribed by my right to informed consent of treatment. This was case of an emergency.	b hold Linnton Community Center and staff hight occur as a result of my child participating by, laboratory, anesthesia, and other medical the attending physician and/or paramedics	narmless from any and in the program. I and/or hospital for my child and waive	
Parent's/Guardian's Signature	 Date		

LCC Summer Camp Fees and Payment			
Check box for weeks your child will a	ttend:		
□ Week 1: June 13 th −17 th COOKING NUTRITION & FITNESS	□ <u>Week 2</u> : June 20 th –June 24 GARDENING	th ☐ <u>Week 3</u> : June 27 th -July 1 st ECOLOGY	
□ <u>Week 4</u> : July 5 th –July 8 th SURVIVAL CAMP	□ Week 5: July 11 th –July 15 th TINKER CAMP	□ <u>Week 6</u> : July 18 th -22 nd ART	
□ Week 7: July 25 th –July 29 th CULTURES & SPANISH	□ <u>Week 8</u> : Aug. 1 st – Aug 5 th PERFORMING ARTS	□ <u>Week 9:</u> Aug. 8 th – Aug. 12 th SPORTS \$ BACKYARD GAMES	
□ Week 10: Aug.15 th – Aug.19 th THE ESTUDY OF	□ <u>Week 11</u> : Aug. 22 nd – Aug 26 th		
(METEOROLOGY, BIOLOGY, ARCHEOLOGY, PALEONTOLOGY, GEOLOGY	WATER PLAY		
	X \$75 per day		
Weeks of camp	\$200 per week Total:		
1 nonrefundable application fee		time of registration. mmunity Center) due before the week	
of start date. Scan/email to Linntoncc Linnton Community Center 10614 NW St. Helens RD Portland, OR 97231 Call 503-286-4990 if you have any question of Payment: Check Money Order PayPal_ Agreements (please initial boxes): I give permission for my child to go or in case of accident during activities related give the Linnton Community Center per related purposes.	n field trips. I release Linnton Communid to Linnton Community Center if normalission to take and use photographs of	nity Center and individuals from liability mal safety procedures have been taken. of my child for publicity and or news	
LI understand that my child must be pic Camp provides no supervision after closic understand a late fee policy will be in effet before closing time. Members who are no Community Center assumes NO respons	ng. If I am unable to be on time, I will nect if my child is not picked up or vacate or picked up or before closing are the par	make other arrangements for pick up. I ed the Linnton Community Centers	
☐ I understand that my child's members	hip standing is based on upon his/her	ability to obey the rules of the Linnton	
Community Center, its officials, and staff misbehavior without a refund.	members. Membership may be suspe	ended or cancelled at any time for	
Cancellations received at least 30 dareceived with less than 30 days' notice, be with a \$10.00 service fee. Cancellations ror a credit to reschedule.		ot be issued a refund but can reschedule	
Parent's/Guardian's Signature	Date	3	
Office Use: Application Fee Paid Upon Receipt:Tu	uition Paid: Application Received by	<i>r</i> :	