LCC Day Camp Registration PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT.

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Child's Name		Date of Birth			Sex	
Parent's/Guardian's Name		Parent's/Gua	ardian's Nai	me		
Home Phone	Work Phone	Home Phone		Work Phone		
Email		Email				
Home Address		Mailing Addr	ess			
City, St, Zip Code		City, St Zip (Code			
Alternative Emergency Contacts						
Primary Emergency Contact		Secondary E	mergency (Contact		
Home Phone	Work Phone	Home Phone		Work Phone		
Medical Information						
Hospital/Clinic Preference						
Physician's Name			Phone Nu	mber		
Insurance Company			Policy Nur	nber		
Allergies/Special Health Cons	siderations					
I certify that the above information is true and complete, to the best of my knowledge. I understand that there are risks associated with any physical activity and I agree to hold Linnton Community Center and staff harmless from any and all responsibility for any injury or condition that might occur as a result of my child participating in the program.						
I authorize all medical and surgion be performed or prescribed by the treatment. This waiver applies or	ne attending physician and/o	or paramedics for	or my child ai	nd waive my right to in	formed consent of	
Parent's/Guardian's Signature			Date			

LCC Day Camp Fees and Payment

Child's Name:

Write the month and days your child will attend:

Registration for _____ School Year

DATE OF CAMP(S)	PARENT INITIAL	REGISTRATION DATE
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- DAY CAMP COST \$35 PER DAY PER CHILD
- IF NOT ENROLLED IN THE AFTER-SCHOOL PROGRAM A REGISTRATION FEE OF \$50 PER FAMILY IS DUE AT THE TIME OF SIGN UP.

Full payment for each camp paid in full prior to the beginning of the camp (payable by check, money order, or PayPal, add LCC Day Camp and first & last name of your child.

Scan/email linntoncc.skristin@gmail.com, mail or drop off registration form and fee to:

Linnton Community Center 10614 NW St. Helens RD

Portland OR 97231

Call 503-286-4990 if you have any questions.
Method of Payment: Check Money Order PayPal
Agreements (please initial boxes):
☐ I give permission for my child to go on field trips. I release Linnton Community Center and individuals from liability in case of accident during activities related to Linnton Community Center, if normal safety procedures have been taken.
☐ I give the Linnton Community Center permission to take and use photographs of my child for publicity and or news related purposes.
☐ I understand that my child's membership standing is based on upon his/her ability to obey the rules of the Linnton Community Center, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.
Cancellations received at least 30 days prior to the start of camp will be eligible for a refund. Cancellations received with less than 30 days' notice," will not receive a refund or a credit to reschedule.
Parent's/Guardian's Signature Date
Office Use: Application Fee Paid Upon Receipt: Tuition Paid: Application Received By: