

**LCC Day Camp Registration**

**PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT.**

_____		_____		Gender: _____
Child's Name		Date of Birth		
_____		_____		
Parent's/Guardian's Name		Parent's/Guardian's Name		
_____		_____		
_____	_____	_____	_____	
Home Phone	Work Phone	Home Phone	Work Phone	
_____		_____		
Email		Email		
_____		_____		
Home Address		Mailing Address		
_____		_____		
City, St, Zip Code		City, St Zip Code		

**Alternative Emergency Contacts**

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
_____	_____	_____	_____
Home Phone	Work Phone	Home Phone	Work Phone

**Medical Information**

_____	
Hospital/Clinic Preference	
_____	
_____	_____
Physician's Name	Phone Number
_____	
_____	_____
Insurance Company	Policy Number

\_\_\_\_\_

Allergies/Special Health Considerations

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 surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_

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

- **DAY CAMP COST \$75 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 must be paid in full prior to the start of the camp. You can make your payment by credit, debit card, ACH via PayPal on our website. Make sure that your child's first and last name, and what program they are attending.

Scan/email [activitycoordinator@linnton.com](mailto:activitycoordinator@linnton.com) mail or drop off registration form:

Linnton Community Center  
10614 NW St. Helens RD  
Portland, OR 97231

Call 503-286-4990 if you have any questions.

Method of Payment:

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: \_\_\_\_\_