

LCC Summer Camp Registration

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

<hr/> Child's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name			
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
<hr/> Email	<hr/> Email			
<hr/> Home Address	<hr/> Mailing Address			
<hr/> City, St Zip Code	<hr/> City, St Zip Code			

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact		
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone

Medical Information

<hr/> Hospital/Clinic Preference	
<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> 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 if neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
--	-------------------

LCC Summer Camp Fees and Payment

Check box for weeks your child will attend:

- | | | |
|--|--|--|
| <input type="checkbox"/> Week 1: June 22 nd – 25 th
GARDENING AND COMMUNITY | <input type="checkbox"/> Week 2: June 28 th – July 2 nd
ART | <input type="checkbox"/> Week 3: July 5 th - 9 th
SPORTS |
| <input type="checkbox"/> Week 4: July 12 th – 16 th
TINKER CAMP | <input type="checkbox"/> Week 5: July 19 th – 23 rd
SURVIVAL CAMP | <input type="checkbox"/> Week 6: July 26 th -30 th
OLOGIES 1 |
| <input type="checkbox"/> Week 7: Aug. 2 nd – Aug. 6 th
OLOGIES 2 | <input type="checkbox"/> Week 8: Aug. 9 th – 13 th
OLOGIES 3 | <input type="checkbox"/> Week 9: Aug. 18 th – 20 th
COOKING & SPANISH |
| <input type="checkbox"/> Week 10: Aug.23 rd –
Aug.27th
WATER SPORTS | | |

_____ Weeks of camp	X \$175	Total: _____
1 nonrefundable application fee	\$50	Due at time of registration.

Full payment (payable by check, money order, or PayPal to Linnton Community Center) due before the week of start date. Scan/email to Linntoncc.asp@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 must be picked up at or before closing time. The Linnton Community Centers Summer Camp provides no supervision after closing. If I am unable to be on time, I will make other arrangements for pick up. I understand a late fee policy will be in effect if my child is not picked up or vacated the Linnton Community Centers before closing time. Members who are not picked up before closing are the parent's responsibility; the Linnton Community Center assumes NO responsibility.

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, but at least 1 week prior to camp will not be issued a refund but can reschedule with a \$10.00 service fee. Cancellations received with less than 1 week notice and "no shows" 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: _____