

REGISTRATION FORM 2010

Name of Camper Nickname

Age at time of Camp Grade in Fall of 10 Date of Birth

Gender Male Female

Home Phone ()

Address

City State Zip

Your camp registration confirmation will be sent to this e-mail address.

e-mail

Name of Mother or Guardian Work Phone ()

Address, if different from camper Cell Phone ()

City State Zip

Name of Father or Guardian Work Phone ()

Address, if different from camper Cell Phone ()

City State Zip

Emergency Contact Emerg Phone ()

Relationship to camper Cell Phone ()

My camper can ONLY be picked up by:
(parents MUST also include their OWN names)

Home Church City

My camper qualifies for the free/reduced school lunch program. Yes No

1st week choice (specific dates) 2nd week choice (specific dates)

Name of Cabin Partners
We cannot guarantee more than two partners in the same cabin.

Have you ever been a camper at SON-Life Camp before? Yes No

CAMP FEE WORKSHEET

BASIC CAMP FEE			\$
Discounts & Optional Fees	MULTIPLE CHILD DISCOUNT (must be paid by April 1)	first child	full price
	Please submit multiple registration forms together.	second (third, fourth, etc) child	-\$25.00
	BRING A FRIEND DISCOUNT		
	Bring a friend who has never been to SON-Life Camp and receive a \$10 discount for each friend (up to \$30). Please submit multiple registration forms together.		-\$10.00
	HORSEBACK RIDING (must be paid by June 1)		
	For 5-Day Resident campers only. Limited to the first 18 registered campers.		\$22.00
	DAY CAMP OVERNIGHTER Thursday, June 24 and Thursday, Aug. 5		
	For Day Camp campers only.		\$25.00
	SNACK SHACK (may be paid at Check in)		
	\$1.50-\$2 recommended per day. Only fill in if prepayment is enclosed.		
DONATION—I WANT TO HELP ANOTHER CHILD COME TO CAMP			
Your contribution will go directly to our summer camp scholarship fund.			\$

TOTAL DUE \$

DEPOSIT
A minimum of 50% is required with registration form. \$

BALANCE DUE by June 1, 2010. If registering after June 1, send full payment with registration.
A late fee of \$10.00 will be applied to any unpaid balances after June 1. \$

METHOD OF PAYMENT Check/Money Order enclosed Please bill my: VISA MasterCard Discover Card

Card Number Exp Date / 3 Digit V Code Amount \$

Signature Please charge the Balance Due to my card by June 1.

Cmp/W
Amd
ChkNo
AmP
Amd
Sch
ChkNo
Dep
For Office Use Only

HEALTH FORM

Camper Name

Date of Birth

IMMUNIZATIONS

Please check all those that are current.

HepB Measles Mumps Polio Tetanus: **Date of last booster** _____ Chickenpox Vaccine Actual Chickenpox

Allergies (to food or medicine)

Physical limitations

Special health and/or behavior considerations

Current infectious diseases, if any

Additional comments, limitations or special needs

Please LIST ALL prescription and non-prescription medications, including dosages, frequency of administration and purpose. Attach a separate sheet if necessary.

Family Physician

Office Phone ()

Health Insurance Company

Policy Number

Insured Parent's Name and Employer

In signing this document, I hereby certify that the above information is correct and give permission for the use of photographs and videos including my child to be used in camp publicity; for my child to be transported in camp-owned vehicles to and from approved out-of-camp activities; for the release of medical records in case of illness or injury; and for the camp health officer to perform routine minor medical treatment. My child has permission to engage in all camp activities, except as noted above by me. In the event I cannot be reached, I hereby give permission to the physician selected by SON-Life Camp to give emergency medical or surgical treatment and routine non-surgical medical care.

Signature of Parent or Guardian

Date

Signature required.