

2008 CAMP SWEYOLAKAN REGISTRATION

(use for Resident Camp only)



Camper's Last Name _____ First _____ MI _____ Prefers to be called _____
 Camper's Mailing Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ E-mail parent information to _____
 Boy Girl Date of Birth _____ School Fall 2008 _____ Grade Fall 2008 _____ Age Summer 2008 _____

Circle years attended Camp Sweyolakan as a resident camper 93 94 95 96 97 98 99 00 01 02 03 04 05 06 07

CONTACTS Camper lives with 1st parent/guardian 2nd parent/guardian Both parents/guardians

1. Parent/Guardian _____ Home Phone (if different) (____) _____ Cell (____) _____
 Home address if different _____ City _____ State _____ Zip _____
 Employer _____ Work (____) _____ Occupation _____

2. Parent/Guardian _____ Home Phone (if different) (____) _____ Cell (____) _____
 Home address if different _____ City _____ State _____ Zip _____
 Employer _____ Work (____) _____ Occupation _____

Local emergency contact people authorized to act on behalf of parent(s) if parent(s) cannot be reached

3. Name _____ Hm (____) _____ Wk (____) _____ Cell (____) _____
 4. Name _____ Hm (____) _____ Wk (____) _____ Cell (____) _____

Additional adults authorized to pick up my child _____ Adults NOT authorized to pick up my child _____

Please send ALAW "My Asthma Management Plan" form. (ALAW: American Lung Association of Washington)

	<input type="checkbox"/> YBIC IF APPLICABLE	CIRCLE SESSION TIER			BUS TO CAMP	BUS FROM CAMP		<input type="checkbox"/> YBIC IF APPLICABLE	CIRCLE SESSION TIER			BUS TO CAMP	BUS FROM CAMP
		TIER 1	TIER 2	TIER 3					TIER 1	TIER 2	TIER 3		
Discovery 1	June 30-July 7	\$470	\$420	\$370	<input type="radio"/>	<input type="radio"/>	Gypsy 1	Aug 11-15	\$425	\$375	\$325	<input type="radio"/>	<input type="radio"/>
Discovery 2	July 7-11 <input type="checkbox"/> YBIC	\$375	\$325	\$275	<input type="radio"/>	<input type="radio"/>	Gypsy 2	Aug 15-22	\$530	\$480	\$430	<input type="radio"/>	<input type="radio"/>
Discovery 3	June 30-July 11	\$650	\$600	\$550	<input type="radio"/>	<input type="radio"/>	Gypsy 3	Aug 11-22	\$740	\$690	\$640	<input type="radio"/>	<input type="radio"/>
Pioneer 1	July 14-21	\$530	\$480	\$430	<input type="radio"/>	<input type="radio"/>	Bk Pack/Raft	June 30-July 7	\$630	\$580	\$530	<input type="radio"/>	<input type="radio"/>
Pioneer 2	July 21-25 <input type="checkbox"/> YBIC	\$425	\$375	\$325	<input type="radio"/>	<input type="radio"/>	Mtn Pack Trip	July 7-11	\$525	\$475	\$425	<input type="radio"/>	<input type="radio"/>
Pioneer 3	July 14-25	\$740	\$690	\$640	<input type="radio"/>	<input type="radio"/>	Wild Water Wk	July 14-21	\$630	\$580	\$530	<input type="radio"/>	<input type="radio"/>
Adventure	July 28-Aug 3	\$470	\$420	\$370	<input type="radio"/>	<input type="radio"/>	Ranch Camp	July 21-25	\$575	\$525	\$475	<input type="radio"/>	<input type="radio"/>
Adventure A*	July 28-31	\$320	\$270	\$220	<input type="radio"/>	<input type="radio"/>	Rock Climb	July 28-Aug 3	\$540	\$490	\$440	<input type="radio"/>	<input type="radio"/>
Adventure B*	July 31-Aug 3	\$320	\$270	\$220	<input type="radio"/>	<input type="radio"/>	Sailing Week	Aug 11-15	\$455	\$405	\$355	<input type="radio"/>	<input type="radio"/>
*1st & 2nd grade only							Voyager	Aug 15-22	\$530	\$480	\$430	<input type="radio"/>	<input type="radio"/>
Extra Spicy _____	Fee \$ _____	During Which Session _____											
Extra Spicy _____	Fee \$ _____	During Which Session _____			(add extra page if necessary)								
		Tier 1	Tier 2	Tier 3					Tier 1	Tier 2	Tier 3		
SR CIT, 12th grade	June 30 - July 25	\$700	\$650	\$600		JR CIT, 11th grade	July 28-Aug 22	\$700	\$650	\$600			
My child has special issues <input type="checkbox"/> (You may be contacted)													
<input type="checkbox"/> I heard about Sweyolakan from <input type="checkbox"/> radio <input type="checkbox"/> tv <input type="checkbox"/> newspaper <input type="checkbox"/> internet <input type="checkbox"/> mailing <input type="checkbox"/> friend (check all that apply)													
<input type="checkbox"/> I'm a first time camper and the camper recruiting me is (first & last name) _____													
ONE FRIEND you wish your child to be placed with (same program and within one grade): _____													

PAYING NOW

\$75 deposit x ____ number of sessions = \$ _____
 (Deposits count toward the camp fee.)
 Additional amount toward balance (optional) + \$ _____
 Donation to Camps For Kids (optional) + \$ _____
 Camp Store Credit (optional) + \$ _____
***Total paying now \$ _____**

BALANCE DUE MAY 31, 2008

*All except \$75 per session is refundable up to 2 weeks before session.

Camp confirmation will include itemized invoice and will be sent to above e-mail address **OR** send by regular mail.

- I'm applying for financial aid. (Camps For Kids form must accompany this registration. Deposit may be waived until you receive award letter.)
- I have earned \$ _____ candy credit.
- I think I've earned Twice the Fun Discount.
- Check enclosed for \$ _____.
- Charge my credit card (Visa or MasterCard only) for:
 - 'Total paying now' **OR** Full amount **OR**
 - 'Total paying now' and I authorize you to charge balance when due.

Card # _____ - _____ - _____ - _____ Exp ____ / _____

Signature: _____

LIABILITY RELEASE/INDEMNITY AGREEMENT:

I agree to release, indemnify, and hold Camp Fire, its agents, officers and employees harmless from any and all liability claims, actions, judgments, damages or injuries of any kind and nature whatsoever to the participant and/or his/her property arising from participation in activities for which he/she is registering. I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and participant's personal limitations and knowingly assume all risks. I understand that all reasonable measures have been taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency affecting the participant. In the event of illness or emergency, I authorize the Camp Director or appropriate staff to place my child under the care of a physician and notify me at once. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I hereby agree and consent that Camp Fire USA may publish, broadcast, and/or copyright, for all purposes, my/participant's statements and/or pictures taken of me/participant and/or property for advertising and public relations purposes, and waive all claims for any compensation for such use. I understand the registration, refund procedures and other details in the camp brochure or on the website pertaining to participation.

X _____
 Signature of Parent or Legal Guardian Date

Camp Fire USA • 524 N Mullan Rd • Spokane Valley, WA 99206
Phone: 509 747 6191, ext. 10; 800 386 2324, ext. 10
Fax: 509 747 4913