

2008 SWEYOLAKAN OUTDOOR EXPERIENCE REGISTRATION



(use for Sweyolakan Outdoor Experience/Leadership 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)

SEVERE ALLERGIES- Please contact Camp Fire Office and fill out information on Health History Form.

		CIRCLE SESSION TIER			BUS TO CAMP	BUS FROM CAMP
		TIER 1	TIER 2	TIER 3		
Back Pk/WWR	June 30-July 7	\$630	\$580	\$530	<input type="radio"/>	<input type="radio"/>
Mtn Pk Horse Trip	July 7-11	\$525	\$475	\$425	<input type="radio"/>	<input type="radio"/>
S.O.L.E. (Discovery)	June 30- July 11	\$700	\$650	\$600	<input type="radio"/>	<input type="radio"/>
Wild Water Wk	July 14-21	\$630	\$580	\$530	<input type="radio"/>	<input type="radio"/>
Ranch Camp	July 21-25	\$575	\$525	\$475	<input type="radio"/>	<input type="radio"/>
S.O.L.E. (Pioneer)	July 14-25	\$700	\$650	\$600	<input type="radio"/>	<input type="radio"/>
Rock Climb	July 28-Aug 3	\$540	\$490	\$440	<input type="radio"/>	<input type="radio"/>
Sailing Week	Aug 11-15	\$455	\$405	\$355	<input type="radio"/>	<input type="radio"/>
Voyager	Aug 15-22	\$530	\$480	\$430	<input type="radio"/>	<input type="radio"/>
S.O.L.E. (Gypsy)	Aug. 11-22	\$700	\$650	\$600	<input type="radio"/>	<input type="radio"/>

Tier Pricing Program

Realizing that families have different abilities to pay, Camp Sweyolakan has instituted a voluntary 3-tier pricing program for our summer camp programs. All children will have the same experience no matter which tier a family is able to pay. The tier selected by the family will be kept confidential. Please take a moment to look at the tier descriptions and choose the tier that is most suitable for your family.

Tier 1: Based on the true cost of camp programs, leadership training, operations and maintenance at Sweyolakan. If you are able to pay this amount please do so. Thank you.

Tier 2: Partially reduced rate from the full cost of camp that will help families who cannot afford the full cost of the camp program.

Tier 3: This financially supported fee is available for families whose children would not be able to attend camp at Tier 1 or Tier 2 rate.

My child has special issues (You may be contacted)

I heard about Sweyolakan from radio tv newspaper internet mailing friend (check all that apply)

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