

CAMP EXPLORE REGISTRATION FORM

CAMPER INFORMATION

Child's First Name: _____ Last Name: _____
Grade: (completed by summer): 1st 2nd 3rd 4th 5th 6th 7th 8th or VOLUNTEER
D.O.B.: _____ Height: _____ Weight: _____ T-Shirt: (Child's size): XS S M L XL
Age: _____ Gender: M F (Adult Size): XS S M L XL
Any allergies, medical conditions or special needs, behavioral, emotional issues, or is the child taking any medications? Y N Comments: _____

Swimming Ability: NONE BEGINNER INTERMEDIATE EXPERT

SESSIONS ATTENDING: (Check all that apply)

- Session 1: 6/26 - 6/30 Session 3: 7/10 - 7/14 Session 5: 7/24 - 7/28
 Session 2: 7/03 - 7/07 Session 4: 7/17 - 7/21 Session 6: 7/31 - 8/04

If your child has completed grades 5th and up, please be aware that program will be built around backpacking.

PARENT INFORMATION

Parent/Guardian: _____ Relation: _____

Cell #: _____ Work#: _____

Parent/Guardian: _____ Relation: _____

Cell #: _____ Work#: _____

Mailing Address: _____

Street/P.O. Box

City

State

Zip

Email Address: _____

Camp is funded through sliding-scale program fees and the generosity of donors. We receive \$0 funding from State or Federal sources. **Will you consider a donation to Camp Explore of any amount to help support our work?** Yes Amount: _____

****To apply for the sliding scale please provide a copy of your last year's Tax Return****

READ CAREFULLY BEFORE SIGNING:

I understand and accept Tahoe Family Solutions (TFS) pricing policies and I agree to pay the full balance of camp before the end of the camp session and accept the late camp fee policy as well. I give permission for my child to be transported off camp site by bus for fieldtrips. Furthermore, I also understand that precautions are taken to ensure that all camp activities are conducted by mature and qualified personnel in a safe acceptable manner. I further understand that certain activities carry inherent risks despite high degree of supervision: I acknowledge these risks and agree to let my child participate in all activities. I hereby do release TFS and Incline Elementary School from any and all liability for any damage or injury that the participant may suffer due to participation in any activity provided during Camp Explore. TFS personnel will attempt to contact a parent or guardian, if possible, prior to transporting the minor to a physician or medical facility for emergency medical treatment. The undersigned grants permission to any licensed physician and/or medical facility to render emergency care to said participant and consents to such treatment. TFS will not be held responsible for any payments due for rendered care.

OFFICE USE ONLY

SLIDING SCALE CALCULATOR

Total: _____

Dep _____ Fee: _____

Week Fee: \$ _____

No. Weeks: _____

Total Fee: \$ _____

TOTAL PAID \$ _____

DONATION RECEIVED

Amount: \$ _____

Signature of Parent

Date

