

Southern Arizona Lutheran Camping Association

Camp Registration Form

July 25-30, 2010

At Triangle Y Camp

for youth who have completed grades 3-5 and 6-8

Each Camp is geared uniquely for the appropriate aged Youth. Camp activities include music, sports, Bible study, hiking, arts and crafts, food, friends and fun. Any youth having special needs, please contact the registrar ahead of time.

Name _____
Last First Middle

Gender M F Birth date _____

Grade completed by 6/2009 _____ Parent Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Home Church _____

Roommate Request _____ Church _____

Please request only one person. That person should also request you. There is no guarantee that this request can be fulfilled.

Registration Fee is **\$260 if postmarked by June 1,**

\$280 if postmarked after June 1.

Adult or Youth

Camp t-shirts can be purchased at \$15, please indicate size S M L XL.

Deposit Enclosed (\$75 minimum) \$ _____

Make checks payable to SALCA

Deposits are non-refundable after June 1. The camp management and SALCA staff assume that registrant will be able to abide by camp rules and policies or will be sent home at parents expense. Camp rules will be mailed along with registration confirmation.

Camper Signature

Parent/Guardian Signature

Pastor Signature

Mail completed form (both sides) to

SALCA, c/o Christ Lutheran Vail
PO Box 809
Vail, AZ 85641

Questions? Please call

David Hook
SALCA Registrar
520-468-7075 x 115

For Office Use Only:

Date Received _____ Cash or Check _____ Amount _____

Date sent additional information _____ Balance remaining _____

Authorization of Consent to Treat a Minor

Last Name

First Name

I/We, the undersigned, parent(s) or legal guardian(s) of _____, do hereby authorize the Dean of Camp, or the Dean's adult appointee, as agents for the undersigned, to consent to any examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any surgeon and physician who is licensed under the provisions of the Medical Practice Act and is on the medical staff of any accredited hospital. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my/our aforesaid agents to give special consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is further understood that all effort will be made to contact the parent(s) or legal guardian prior to the use of this authorization.

I/We do hereby authorize the Camp Nurse, or other designated adult to perform any necessary minor first aid procedures and dispense medications as deemed appropriate unless specifically forbidden by me/us in writing.

This authorization shall remain effective from July 25- July 30, 2010 for SALCA summer camps unless revoked in writing and delivered to said agents.

Parent or Legal Guardian Signature

Date

Home Phone

Work Phone

Emergency Contact other than parent/guardian

Emergency Phone

Medical Insurance Company

Policy #

Does your child have any known allergies? Yes () No () If yes please explain and note usual treatment

Does your child have any unusual physical conditions? Yes () No () if yes, please explain

Should activities be limited? Yes () No () if yes, explain _____

List any daily medications – specify dosages and times given _____

List any special dietary needs _____

Camp Nurse Use Only

Cabin #

Cabin Leader

Notes: _____