

Southern Arizona Lutheran Camping Association  
Elementary and Middle School Camp Registration Form

**June 5-9, 2011**

At Triangle Y Camp

for youth who have completed grades 3-5 (Elementary) and 6-8 (Middle School)

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.

**PLEASE NOTE: Camp is one day shorter this year to allow for High School Camp**

(You may also register and pay online at [www.mysalca.com](http://www.mysalca.com). Check website for additional information.)

Name \_\_\_\_\_  
Last First Middle

Gender  M  F Birth date \_\_\_\_\_

Grade completed by 6/2011 \_\_\_\_\_ 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 Fees:**

**Early Registration: \$235 if Deposit postmarked by April 11<sup>st</sup>, 2011,**  
**Regular Registration: \$250 if Deposit postmarked by May 1<sup>st</sup>, 2011**  
**Late Registration: \$270 if Deposit postmarked after May 1<sup>st</sup>, 2011 (Based on availability)**

Registration *includes* 1 camp T-shirt. Please indicate size: YOUTH  S  M  L  XL.

**Deposit Enclosed (\$75 minimum) \$ \_\_\_\_\_**  
Make checks payable to SALCA

*The minimum deposit of \$75 is non-refundable after May 1. The remainder of Registration Fee is payable before camp or during camp check-in on June 5, 2011. 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

**Mail completed form (both sides) with payment to**  
SALCA, c/o Christ Lutheran Vail  
PO Box 809  
Vail, AZ 85641  
*You may also register and pay online at [www.mysalca.com](http://www.mysalca.com)*

**Questions? Please call**  
David Hook  
SALCA Registrar  
520-468-7075 x 115

For SALCA Registrar Use:

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 June 5 – June 9, 2011 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_