

Southern Arizona Lutheran Camping Association

High School Camp Registration Form

June 10-12, 2011

At Triangle Y Camp

for youth who have completed grades 9-12

This Camp is geared uniquely for High School Youth. Camp activities include music, sports, Bible study, hiking, food, High Ropes, Swimming, friends and fun. Any youth having special needs, please contact the registrar ahead of time.

PLEASE NOTE: This camp runs from Friday through Sunday

(You may also register and pay online at 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: \$110 if Deposit postmarked by April 11st, 2011,
Regular Registration: \$125 if Deposit postmarked by May 1st, 2011
Late Registration: \$140 if Deposit postmarked after May 1st, 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 10, 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

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 10 – June 12, 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: _____

