

The Country Camp, LLC

3418 Osage Street SW
Iowa City, IA 52240

phone:
Janet Schlapkohl, Director
319-321-7926

email:
thecountrycamp@gmail.com

- ▶ **PRINT AND RETURN THIS FORM TO THE COUNTRY CAMP**
- ▶ PLEASE CHECK THE BLANK BESIDE THE SESSION YOU ARE INTERESTED IN ATTENDING.
- ▶ PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD.
- ▶ **SEND A \$25 DEPOSIT PER CHILD PER WEEK.**
- ▶ MAKE CHECKS PAYABLE TO COUNTRY CAMP, LLC.

REGISTRATION FORM: SUMMER 2017

please send in this form and make a copy for your records.

deposit enclosed:

\$275	_____	All Summer (June 5-August 11)	cost per session:
\$50	_____	Session 1 ARBOREAL DWELLERS (June 5-June 16)	\$450
\$50	_____	Session 2 THE VIKINGS (June 19-June 30)	\$450
\$25	_____	Session 3 BOARWALD ACADEMY (July 3-July 7)	\$200
		*please note there will not be camp on Tuesday, July 4	
\$50	_____	Session 4 FILM CAMP (July 10-July 21)	\$500
		* the cost for Film Camp includes one copy of this year's film on dvd	
\$50	_____	Session 5 OPERATIVES (July 24-August 4)	\$450
\$25	_____	Session 6 THE STEVHALL SITE (August 7-August 11)	\$225

Country Camp, LLC never sells or shares your personal information with third parties.

Child's Name _____

DOB _____ Age _____

Parent/Guardian Name(s) _____

email address: _____

Phone numbers to reach you during the day:

(home / work / cell) _____ (home / work / cell) _____

Home Address (Mailing)

_____ Zip Code _____

Country Camp, LLC never sells or shares your personal information with third parties.

Child's Name: _____

Are there any specific concerns for your child? If yes, please explain:

Does your child have any known allergies? (If yes, please list):

The snacks that Country Camp will serve this summer are listed on our website. IF YOUR CHILD HAS A FOOD ALLERGY, WE REQUIRE THAT YOU PROVIDE YOUR CHILD'S SNACK FOR THE SESSION. PLEASE SEND A LABELED BOX OF APPROVED SNACKS FOR YOUR CHILD FOR THE WEEK(S) HE/SHE/THEY WILL BE ATTENDING.

Please list any other DIETARY restrictions:

WE ARE NOT A NUT-FREE CAMP.

List two persons to phone in an emergency if you are not available:

Child's Doctors or Medical Practice and Phone Number _____

All of the information provided above is true and correct to the best of my knowledge.

I understand that Country Camp, LLC assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Country Camp, LLC, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in Country Camp, LLC programs. I grant permission to Country Camp, LLC to provide care for my child. I grant permission for my child to use all of the play equipment and participate in all of the activities of Country Camp, LLC. This contract is effective for the duration of my child's enrollment in Country Camp, LLC.

As the parent or legal guardian, I hereby give consent to Country Camp, LLC that my child, (name) _____, may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Country Camp, LLC. I also give permission for my child to be transported by an aid car, ambulance, or staff car to the nearest medical treatment center or hospital if necessary. I understand that every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. In the event that it becomes necessary for Country Camp, LLC staff to obtain emergency care for my child, neither the staff nor Country Camp, LLC assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Parent/Guardian Signature _____

Date _____