

SUMMER 2024 REGISTRATION

The Country Camp, LLC
 3418 Osage Street SW
 Iowa City, IA 52240

phone:
 Janet Schlapkohl, Director
 319-321-7926

email:
 thecountrycamp@gmail.com



1. Fill out a separate form for each child you are registering.
2. Check the blank beside the week(s) / session(s) your child is interested in attending.
3. Send a non-refundable \$25 deposit per week (per child) to hold your child's spot. Checks should be payable to Country Camp, LLC. Deposits are credited toward the cost of the session.
4. **We require a hard copy of this registration form.** Please mail registration forms and deposit checks to Country Camp.
5. Be sure to provide your email address so we can confirm registration via email.

Child's Name _____

Age _____ Preferred Pronouns _____

Parent/Guardian Name(s) _____

Email Address _____

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

Deposit Due		Register my camper for:	cost per week
\$225	<input type="checkbox"/>	ALL SUMMER (June 10 – August 16)	
\$25	<input type="checkbox"/>	Session #1. Ablewood Forest (June 10 – June 14)	\$325
\$25	<input type="checkbox"/>	Session #1. Ablewood Forest (June 17 – June 21)	\$325
\$25	<input type="checkbox"/>	Session #2. Boarwald Academy (June 24 – June 28)	\$325
Country Camp will be closed July 1 – July 5			
\$25	<input type="checkbox"/>	Session #3. Bookington (July 8 – July 12)	\$325
\$25	<input type="checkbox"/>	Session #3. Bookington (July 15 – July 19)	\$325
\$25	<input type="checkbox"/>	Session #4. The Maze (July 22 – July 26)	\$325
\$25	<input type="checkbox"/>	Session #4. The Maze (July 29 – August 2)	\$325
\$25	<input type="checkbox"/>	Session #5. Heist of Clemvaugh (August 5 – August 9)	\$325
\$25	<input type="checkbox"/>	Session #5. Heist of Clemvaugh (August 12 – August 16)	\$325
Country Camp, LLC @countrycamp		Instead of sending a check, I have paid the deposit via Venmo.	



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Child's Name: _____

Phone numbers to reach you during the day:

Name _____

Name _____

(work / cell) _____

(work / cell) _____

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

You will send your child with a lunch and a separate snack each day. Please note that we are not a nut-free camp.

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

List one person 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 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 _____