

REGISTRATION

register via our secure web server:
www.campkilloqua.org

camper's name: _____ sex: M F age: _____ grade in fall: _____

address: _____ city: _____ state: _____ ZIP: _____

family email: _____ legal guardian: _____

residential phone: _____ daytime phone: _____

person other than parent or legal guardian (for emergency only): _____ phone: _____

Camp Fire member: yes no council name: _____ Is a sibling attending camp this year? yes no

Furnishing ethnic / racial information is optional. Information is desired only for statistical purposes. Responses will not affect the camper's registration.

- African-American Asian Hispanic Native American White Other

My child is registering for RESIDENT camp.

choice of session(s): _____

program(s): _____

If the session you choose has filled, we will contact you for a second choice.

name of one cabin mate (must be same grade and specialty): _____

Optional:

A la Carte Horseback ride grades 4-12 (general session campers only)

- 1 ride OR 2 rides

My child is registering for DAY camp.

choice of session(s): _____ program(s): _____

If the session you choose has filled, we will contact you for a second choice.

day camp extended camp? morning afternoon

day camp overnight? (grades 4-8) session 4 session 7

day camp bus transportation? yes session(s): _____

location: _____

name of one cabin mate (must be same grade & session): _____

(for multiple session cabin mate requests please call our main office.)

I give permission for my child's picture to be used by Camp Fire. Use of such pictures may include, but is not limited to, brochures, videos, and internet web sites promoting or reporting on the camp and / or the American Camp Association. I waive any claims which may arise from my child's participation in Camp Fire activities. I understand that in case I cancel a camping program the deposit will not be refunded. (Parents are urged to contact the Camp Fire office for more information about this camping session in order to recognize the nature of the activity to which they are giving consent.) I understand that in order to provide a safe and cooperative group experience, a child may be dismissed from the program for reasons including behavior, illness / injury, or homesickness. My child has permission to participate in all camping activities, including hikes and biking out of camp, and be transported by camp for any camp activities away from camp property.

signature of parent or legal guardian: _____ date: _____ total amount paid: _____

method of payment: Cash Check Visa MasterCard Discount Request: Family Multi-Session Military

Candy Currency (earned by Camp Fire club program members) Visa / MasterCard #: _____ expiration date: _____