

Camp Vega Rookie Day Registration Form

Saturday, July 29 – Sunday, July 30, 2017

Please arrive at 9:00am on Saturday, July 29th and check in at the Camp Vega Front Office (White House). Your daughter will begin participating in activities while you get a chance to tour Vega.

All campers should arrive dressed to participate in comfortable clothes and sneakers. Please bring a change of clothing, swim suit, beach towel, rain jacket, shower towel/robe, shower shoes (i.e. flip-flops), and toiletries. Overnight campers should also pack an additional change of clothes, sweatshirt, pajamas, and a pillow and sleeping bag (bedding provided upon request).

Camper Name: _____ DOB: _____

Grade (Fall 2017): _____ School: _____ Camper T-Shirt Size: YS YM YL AS AM

Mom's Name: _____

Mom's Cell Phone : _____ Mom's Email: _____

Dad's Name: _____

Dad's Cell Phone: _____ Dad's Email: _____

My daughter is spending the night and I will pick her up at 9:00am on Sunday, July 30th

- Would you like Vega to provide a pillow and sleeping bag? YES NO

- Name/location of Hotel Camper's Parents/Guardians are staying: _____

My daughter is attending Rookie Day and not spending the night. I will pick her up at:

5:00pm on Saturday, 7/29 (before dinner)

7:00pm on Saturday, 7/29 (after dinner)

Camper Allergies, Medical Concerns, or Dietary or Activity Restrictions:

Authorization to Treat: This information provided here is correct and accurately reflects the health of the camper named above. My child has permission to participate in all camp activities except as noted above. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent Release: My signature below indicates that I give my child named above permission to participate in the Camp Vega Rookie Day from Saturday, July 29, 2017, through Sunday, July 30, 2017. I hereby release, indemnify and hold harmless in all respects Camp Vega, its owners, directors, staff, counselors and employees with regard to any injuries to my child resulting from her participation in Rookie Day. I give Camp Vega permission to reproduce and publish any photograph, video, audio recording or likeness of my child for advertising, commercial or any other purpose.

Parent/ Guardian Signature: _____ Date: _____