

SKOGBLOMMAN'S VASA YOUTH DAY CAMP REGISTRATION
July 29th - August 2nd, 2019

Child's Name _____ Name for T-shirt _____

Age as of 7/29/2019 _____ Birthdate ____/____/____ Grade in September ____ Gender ___M___F

Address _____ E-mail address _____

City _____ State _____ Zip _____

Home Phone # (____) - _____ - _____ Buddy request (if possible) _____

Would you be interested in being contacted about other Scandinavian events for your children? ___Yes___ No

Parent(s) Name(s) 1. _____ 2. _____

Cell Phone#(s) (____) - _____ - _____ (____) - _____ - _____

Child lives with: ___Parent 1___ ___Parent 2___ ___Both Parents___ ___Other, please specify_____

Emergency Contact (**other** than parents or doctor) _____ Phone (____) - _____ - _____

PERSONS (OTHER THAN PARENT) AUTHORIZED TO PICK UP CHILD:

<u>Name</u>	<u>Phone (include area code)</u>	<u>Relationship to Child</u>
1. _____	_____	_____
2. _____	_____	_____

Child's Physician _____

Address _____ Phone (____) - _____ - _____

Medical Insurance _____ Grp# _____ Subs ID# _____

Date of last physical exam _____ Date of last Tetanus Shot _____

Child's swimming ability _____

Child's Limitations and/or Cautions (Medications, allergies, etc.) _____

PLEASE MAKE CHECK PAYABLE TO: VASA DAY CAMP REGISTRATION CLOSES JUNE 30, 2019

_____ **\$130.00 PER CAMPER**

_____ **\$110.00 PER CAMPER – BRING A FRIEND! EARLY BIRD SPECIAL – REGISTERING TWO OR MORE CHILDREN AND POSTMARKED BY APRIL 30, 2019**

_____ **\$100.00 PER CAMPER – VASA LODGE MEMBER DISCOUNT WHEN INCLUDING A PHOTOCOPY OF PARENT'S CURRENT MEMBERSHIP CARD**

Questions: Call Ginger Grette 425-445-8584
Or Website: <http://www.vasayouthdaycamp.com/>

Mail completed registration form to:

Ginger Grette
27022 SE 162ND PI
Issaquah, WA 98027-6903

(OVER)

Office Use only
PAID _____
DATE _____
REC'D BY _____

Camper's Name _____

AUTHORIZATIONS:

I give my permission for my child to participate in all activities as part of the Vasa Youth Day Camp.

I hereby give permission that my child may be given emergency treatment by a qualified staff member of Vasa Youth Day Camp or Vasa Park Resort. I also give my permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the Camp Coordinator when deemed necessary or advisable by the physician to safeguard my child's health.

Photographs of campers may be used for advertising Vasa Youth Day Camp. I give permission for photographs of my child to be used for this purpose.

I understand that I (or another authorized adult) must sign my child in and out of camp daily.

I have read and understand the above and have completed the information to the best of my ability.

HOLD HARMLESS AGREEMENT

The undersigned parent/guardian of

_____ does hold VASA YOUTH DAY CAMP harmless for any loss, liability or expense incurred during his/her stay beginning July 29 through August 2, 2019.

Parent/Guardian _____ Date _____

PLEASE INDICATE YOUR CHILD'S TEE SHIRT SIZE

YOUTH SIZES:

- _____ **Small (6-8)**
- _____ **Medium (10-12)**
- _____ **Large (14-16)**
- _____ **X-Large (18-20)**

ADULT SIZES: (no numeric sizes given)

- _____ **Small**
- _____ **Medium**
- _____ **Large**
- _____ **X-Large**