

# Camp Lakotah

N1875 21<sup>st</sup> Ave. Wautoma, WI 54982

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[www.camplakotah.com](http://www.camplakotah.com)

## 2020 Summer Overnight Enrollment Application

Please complete a separate enrollment application for each camper enrolled.

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Boy  Girl  Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on first day of session \_\_\_\_\_ Present Grade Level \_\_\_\_\_

### Guardian Information:

Parent/Guardian Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address if different from camper \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Work/Day Time Phone (\_\_\_\_) \_\_\_\_\_ Ex. \_\_\_\_\_

**Session Options:** *Camper may enroll for more than one session.*

√	Program Title	Ages	Session	Arrive	Depart	Fee	Deposit
	Overnight Camp	7 – 13 yrs.	1	July 5, 2020 – 2:00 pm	July 19, 2020 – 1:00 pm	\$1,500.00	\$200.00
	Overnight Camp	7 – 13 yrs.	1A	July 5, 2020 – 2:00 pm	July 11, 2020 – 10:00 am	\$700.00	\$100.00
	Overnight Camp	7 – 13 yrs.	1B	July 12, 2020 – 2:00 pm	July 19, 2020 – 1:00 pm	\$800.00	\$100.00
	Overnight Camp	7 – 13 yrs.	2A	August 2, 2020 – 2:00 pm	August 8, 2020 – 10:00 am	\$700.00	\$100.00
	Overnight Camp	7 – 13 yrs.	2B	August 9, 2020 – 2:00 pm	August 12, 2020 – 5:00 pm	\$400.00	\$100.00

**Payment Options:**  Entire camp fee/s  Deposit/s

Total Session Fees \$ \_\_\_\_\_ - Deposit/s paid \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Balance Due on or before June 1, 2020

**Check:** Make Checks Payable to Camp Lakotah

**Credit Card Information:** *Please note: There is a 4% surcharge per credit card transaction*

Visa / MasterCard / Discover # \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_

### Cancellation policy/agreement:

I hereby apply for my child to attend Camp Lakotah Inc. Enclosed you will find the required deposit which I understand will be credited toward the camp fee if my child is accepted for enrollment. I agree to pay the total camp fee on or **before June 1, 2020**. I understand that in the event of **cancellation: 1) Between January 1 and June 1, 2020**, Camp Lakotah Inc. will retain the full deposit. 3) In the event of cancellation on or **after June 1, 2020** dismissal due to misconduct, or withdraw due to homesickness, Camp Lakotah Inc. will retain 100% of the session fee. If a medical condition (confirmed by a physician) occurs, Camp Lakotah Inc. will retain \$100.00 and refund the pro-rated balance. I understand the terms covering payment of camp fees and hereby give my approval and consent to the application.

### Waiver information:

I hereby give Camp Lakotah, Inc. and its partners in operation, permission to use any video, photographs, or written statements from my child's experience in public relations materials including the internet without compensation.

I understand that although Camp Lakotah Inc. has taken reasonable steps to provide my child with appropriate training, equipment and skilled staff for his/her camp experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to, those associated with canoeing, swimming, paintball and laser tag play, waterfront activities, sports activities, wildlife, and other components of resident camping.

Aware of the risks and willing to assume them, I hereby waive, release and agree to hold harmless Camp Lakotah Inc. its representatives and successors for all claims or liabilities of any kind arising out of my child's participation in this camp experience. I have read the descriptions of the session, understand the requirements for participation, and give my child permission to participate. I assume and accept the full responsibility for his/her participation.

In case of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. I accept responsibility for medical/surgical treatment charges which may be incurred on my child's behalf.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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