



# Camper Registration Form

1122 East Pike Street, PMB #1488

Seattle, WA 98122

info@camptentrees.org

(206) 288-9568

2008

Camper Full Name:		Other Possible Last Name:	
Current Address: Street		City	State
		Zip	Phone:
Birthdate:	Age in August 2008:	Grade in Fall:	Email (if applicable):
T-Shirt Size (please circle): <div style="text-align: center; margin-top: 5px;"> <span>YM</span> <span>YL</span> <span>AS</span> <span>AM</span> <span>AL</span> <span>AXL</span> <span>AXXL</span> </div>			Gender:
How did you hear about Camp Ten Trees?		Any recent changes in family or living arrangement?	
<p>Camper will be attending the following session(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Session 1: <b>\$410-</b> August 17-23 (children of LGBTQ families, ages 8-12)</li> <li><input type="checkbox"/> Session 1: <b>\$410-</b> Teen Program: August 17-23 (children of LGBTQ families, ages 13-17)</li> <li><input type="checkbox"/> Session 1: <b>75% of calculated</b> tuition- CIT Program: August 17-23 (youth leadership, ages 16-17)  <small>(CIT's pay 75% of their calculated tuition for Session 1. All money towards Session 1 CIT program cost will be refunded if you are not accepted to the program. Please go to <a href="http://camptentrees.org">camptentrees.org</a> to print off an application for the Session 1 CIT program.)</small></li> <li><input type="checkbox"/> Session 2: <b>\$410-</b> August 24-30 (LGBTQ youth and allies, ages 13-17)</li> <li><input type="checkbox"/> Session 2: <b>\$410-</b> Genderlandia (please read about this program in the camp brochure)</li> </ul>			
If you know someone coming to camp, you may request to be in the same cabin. Other camper's name: _____			<b>NOTE: We will consider, but cannot accept, all camper requests.</b>
<b>Parent/Guardian</b> Name: _____ Address (if different from above) _____ _____ Home Phone: Cell Phone: Work Phone: Email:	<b>Parent/Guardian</b> Name: _____ Address (if different from above) _____ _____ Home Phone: Cell Phone: Work Phone: Email:	<b>Parent/Guardian</b> Name: _____ Address (if different from above) _____ _____ Home Phone: Cell Phone: Work Phone: Email:	
<b>Emergency Contact</b> Name: Home Phone: Cell Phone: Work Phone: Email:		<b>Emergency Contact</b> Name: Home Phone: Cell Phone: Work Phone: Email:	

**Camper Health Information (This section must be filled out *in addition to a Health History Form*)**

ADD/ADHD  Sleep Disorder  Diabetes  Gluten Intolerance  Epilepsy/Seizures  Other \_\_\_\_\_

Camper does not eat:  red meat  poultry  pork  fish  eggs  milk/dairy  animal products  wheat

Allergies: (list with reaction and treatment): \_\_\_\_\_

Describe any family situations our medical team, mental health team, or Director should know about: \_\_\_\_\_

**For the following items, contact camp before enrolling your child:**

ODD  Blind  Deaf  Speech Impairments/Language Needs  Learning Disability/IEP  Behavioral Challenges

Physical Impairments or Mobility Limitations  Other Special Needs: \_\_\_\_\_

Check here if your camper may need a host family for assistance with transportation.

Check here if you are able to host a camper or provide transportation.

My child will  ride the Camp Ten Trees bus  other (please contact the camp office)

Cabins are assigned by grade. Is there anything we need to know about your child when assigning cabins (ie: usually associates with older/younger children, skipped a grade, etc.)? \_\_\_\_\_

**Payment Information Disclaimer**

Camp Ten Trees is a non-profit summer camp and needs to cover the cost of running a high quality program. It costs \$410 to cover the expenses of one camper for one week. PLEASE respect all families and camp by paying the full amount you can afford. While your full payment is appreciated, we understand the financial stress that many families face. Camp Ten Trees is committed to making our program available to all campers, regardless of their financial situation. **If your family is in need of pursuing a camper scholarship, please contact the Camp Ten Trees office to speak with someone about arrangements or download the form directly from our website at [camptentrees.org](http://camptentrees.org).**

**Camp Ten Trees offers a 10% discount for each additional camper from the same family/household.**

**Camp Ten Trees requires a deposit of at least 50% of your calculated tuition when you send in your registration form. The balance of your tuition is due in full by July 15<sup>th</sup>.**

I am including a 50% deposit  I am including my full tuition

**Cancellation Policy: Until June 15<sup>th</sup>, all fees except a \$25 processing fee can be refunded. From June 15<sup>th</sup> to July 15<sup>th</sup>, 70% of camp tuition except a \$35 processing fee can be refunded. After July 15<sup>th</sup>, all fees are non-refundable.**

**Parent/Guardian Authorization: I understand that some camp activities have inherent risks. My child has permission to participate in the camp activities during the session for which s/he is enrolled. I will assure that my child is properly prepared and able to participate, and willing to abide by camp policies and follow directions of camp personnel. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child. In the event that I cannot be reached in an emergency, I hereby authorize the emergency contact people to act on my behalf. Furthermore, in the event that I cannot be reached, I authorize Camp Ten Trees to select a physician and/or hospital to provide emergency medical and surgical treatment and to provide routine non-surgical medical care for my child. I accept responsibility for the costs of such medical treatments. I hereby give permission to the medical personnel selected by the camp to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation.**

**I understand that my child can be dismissed from camp for reasons including, but not limited to: chronically disruptive behaviors, illegal activity, breaking of camp rules, contagious illness, or destruction of property. If my child is dismissed from camp, I understand it is my responsibility to arrange transportation for my child to return home.**

**Unless I have checked the box below, I give Camp Ten Trees permission to use photographs or other media representations of my child in promotional material, including websites, brochures and other means. I understand that my child will not be named in this material.**

I DO NOT want Camp Ten Trees to use any images of my child for promotional materials.

**I have read the Parent/Guardian Authorization section and will abide by judgments made by the Camp Ten Trees staff.**

**SIGN HERE: Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***This section is optional, but helps us with our funding and our ability to ensure we are reaching people from a wide variety of backgrounds.***

Child's ethnic background/identity: \_\_\_\_\_ Number of adults responsible for child in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_ Immigrant or refugee? (Yes/No): \_\_\_\_\_ If yes, from what country?: \_\_\_\_\_

Annual household income:  Under \$15,000  \$15,000-\$25,000  \$25,000-\$35,000  \$35,000-\$45,000  \$45,000-\$55,000  \$55,000-\$75,000  \$75,000-\$100,000  Over \$100,000