



# CAMP TACANNEKO

REGISTRATION FORM

June 10-14, 2019

Camp Hours: 9:30am – 3:30pm

Camp Arroyo Grande

53rd Year!



Camp Tacanneko is a week-long Traditional Day Camp experience for girls and boys leaving K-11<sup>th</sup> grade. Each day campers participate in Music, Arts-n-crafts, Trading Post, Swimming Try-ads and Starflight.

To Register: Fill out registration form below and health form on the back. (Select Try-Ad choice if applicable) Return form with fees to address on the back Deadline is May 24. Camp Information letter will be sent out to all registered campers by May 28.

**Questions?** Call 773-5126 or email [campfirech@sbcglobal.net](mailto:campfirech@sbcglobal.net) or website: [www.campfirecentralcoast.org](http://www.campfirecentralcoast.org)

**CAMPER INFORMATION:** (completely fill out both sides) (space is limited)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Leaving Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Current Camp Fire Club Member: Yes \_\_\_ No \_\_\_ Leaders Name: \_\_\_\_\_

T-Shirt Size: YouthS YouthM YouthL AdultS AdultM AdultL AdultXL AdultXXL (Circle Size)

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

List others authorized to pick-up: \_\_\_\_\_

Please describe any family circumstances the Camp Fire staff should be aware of: \_\_\_\_\_



**CAMP FEES:**

Camper Grade:	Club Members		Non Club Members	
	Registration	Volunteer's	Registration	Volunteer's
K-6 <sup>th</sup>	\$200	\$100	\$220	\$120
Tags	N/A	\$100	N/A	\$120
Junior Counselor: 7 <sup>th</sup> -11 <sup>th</sup>	\$100	\$100	\$120	\$120

**PAYMENT METHODS:**

Cash\$ \_\_\_\_\_ Check/Money Order# \_\_\_\_\_ Camp Cash: \_\_\_\_\_

Credit Card (Amex/MC/Visa) # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

**Try-Ads Available**  
(Leaving grades 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>)

Archery (5th&6thonly) \_\_\_\_\_

Basket weaving \_\_\_\_\_

Cooking \_\_\_\_\_

Lanyards \_\_\_\_\_

Magic \_\_\_\_\_

Outdoor Skills \_\_\_\_\_

Painting \_\_\_\_\_

(Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Choice)

**ADULTS WE NEED YOUR HELP!!**

FULL-TIME VOLUNTEER'S KIDS GET A REDUCED RATE

Adult Name: \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Home: \_\_\_\_\_

Counselor: Yes \_\_\_ No \_\_\_ Age Group: \_\_\_\_\_

Program Specialist: Arts-n-Crafts \_\_\_\_\_ Try-Ad \_\_\_\_\_

Adult T-Shirt: Sm \_\_\_ Med \_\_\_ Lg \_\_\_ Xlg \_\_\_ 2Xlg \_\_\_\_\_

# HEALTH FORM

(Please complete, sign, and mail with fees to address shown below.)

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Medical History (Mark Yes or No to each:) Diabetes-Yes/No Epilepsy-Yes/No Allergies-Yes/No

List All Known Allergies \_\_\_\_\_

Currently Taking Medication-Yes/No List all medications \_\_\_\_\_

All children attending camp should be fully vaccinated. Please list most recent vaccinations and boosters with date: MMR \_\_\_\_\_ HIB \_\_\_\_\_ HepB \_\_\_\_\_ HepA \_\_\_\_\_ DTap \_\_\_\_\_ IPV \_\_\_\_\_ Varicella \_\_\_\_\_

Emergency Contacts (Please list only local, available contacts who know you are depending upon them in the event you cannot be reached.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

### Activity Agreement & Waiver

In consideration of permission granted by Camp Fire Central Coast of California allowing me/my child to participate in described Activity, I represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the fault of Camp Fire Central Coast of California, and/or its or their employees, volunteers, affiliates, officers, agents or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. In the event my child is photographed while participating in Camp Fire programs, the photograph(s) may be used for Council and National purposes.
5. I will assure my child is properly prepared for all activities including having proper clothes and equipment, being in good health, willing and able to participate, and he/she will abide by camp policies and follow directions of camp personnel.
6. In case of emergency, after every reasonable effort has been made to contact me or the child's physician I have provided, I hereby give consent for professional services to be rendered. I agree to be responsible for payment of expenses incurred in such emergency treatment. I understand my child will not be allowed to leave camp before 3:30pm without my prior written permission. I authorize the emergency contacts listed to act on my behalf if I cannot be reached.
7. I have carefully read and reviewed this Activity Agreement & Waiver. I understand it fully and I execute it voluntarily. Furthermore, I have read and understand the registration procedures, refund policies, and all other details of the Activity.

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

**FINAL DEADLINE: MAY 24th.**

Camp Fire Central Coast of California  
P.O.Box 1269,  
Arroyo Grande, CA 93421  
campfirech@sbcglobal.net



Return Service Requested

Statement of Inclusion: Camp Fire works to realize the dignity and worth of each individual and to eliminate human barriers based on all assumptions which prejudice individuals. Our program standards are designed and implemented to reduce sexual, racial, religious, and cultural stereotypes and to foster positive intercultural relationships. In Camp Fire, everyone is welcome.