

Camp Sertoma Registration
July 9-14, 2023

Camper Name _____

Grade Completed Spring 2023 _____ First time camper: ____Yes ____No

Birthday _____ Gender ____ Age ____

Parent/Guardian

Name _____

Address _____

City _____ State ____ Zip _____

Email _____

Phone Number(s) voice/text /VP:

Secondary Parent/Guardian

Name _____

Address _____

City _____ State ____ Zip _____

E-Mail _____

Phone Number(s) voice/text /VP:

Registration Non-Refundable Fees:

____ \$200.00 for camper in the Great Plains Region (MN, IA, NE, SD, ND)

____ \$875.00 for camper outside the Great Plains Region (MN, IA, NE, SD, ND).

____ \$0.00 for camper with financial need. Please provide a copy of an acceptance letter for 2022-2023 free or reduced lunch program to receive a deposit waiver.

Camper Name _____

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Camper is d/Deaf. | <input type="checkbox"/> Camper is hard of hearing. |
| <input type="checkbox"/> Camper attends a Deaf school. | <input type="checkbox"/> Camper has a cochlear implant. |
| <input type="checkbox"/> Camper uses ASL for communication. | <input type="checkbox"/> Camper uses Cued Speech. |
| <input type="checkbox"/> Camper uses an ASL interpreter in school. | <input type="checkbox"/> Camper communication is primarily oral. |
| <input type="checkbox"/> Camper knows some ASL | |
| <input type="checkbox"/> Other communication _____ | |

Allergies Yes No

If Yes, allergies to: Food Medications Environment Other _____

Campers requiring one-on-one attention with personal hygiene or behaviors must have a PCA (personal care attendant) attend Camp with them. There is no additional charge for this person while at Camp.

Parent/Guardian Authorization:

Should my child need to leave camp for behavioral or medical reasons I agree to pick him/her up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.

We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc., its employees, and agents against any and all claims, damages and injuries.

Camp Sertoma/ Confidence Learning Center are not responsible for the stolen/loss or breakage of clothing and equipment, including hearing equipment, and we encourage you to only bring items that would not upset the family if lost.

I hereby grant permission for the above named camper to participate in the Camp Sertoma session listed above.

(Parent/ Guardian Signature)

(Date)

I grant permission to Camp Sertoma to take and utilize photographs or likeness of the above named camper for the use of Camp Sertoma promotions and/or future fundraising activities.

(Parent/Guardian Signature)

(Date)

Please contact Camp Director, Janeen Kleffman, with any questions:

jkleffmancampsertoma@gmail.com

Cell: voice/text/facetime: (218) 244-0538