



Camp Oliver

PO Box 206, Descanso, CA 91916
Phone (619) 445-5945 Fax (619) 445-3326
info@campoliver.org



Office use only:
Date form received _____
Amount of Dep. \$ _____
Campership? yes / no

Residential Camp Registration Form

Please return form by mail/email/Fax to address above or register online at
www.campoliver.org

Camper Name _____ Nickname _____

Birth date _____ Male _____ Female _____ Age _____ Grade in Sept. 2017 _____

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

Home Phone () _____ Home Phone () _____

Cell Phone () _____ Cell Phone () _____

Work Phone () _____ Work Phone () _____

Email _____ Email _____

Camper Lives With: _____ Camper's legal guardian: _____

School Attends _____ This will be my _____ year at Camp Oliver.

I heard about Camp Oliver from _____

Summer Camp Fee = \$385

Early Bird discount of \$25 applies if deposit of \$100 is received by May 1st, 2017.
Deposit of \$100 is required to hold your child's space. Sibling Discount of \$20 applies to all siblings.

- | | |
|--|------------------|
| <input type="checkbox"/> Session 1 Co-Ed Ages 6-12 | July 2-7, 2017 |
| <input type="checkbox"/> Session 2 Co-Ed Ages 6-12 | July 9-14, 2017 |
| FULL Session 4 Co-Ed Ages 6-12 | July 16-21, 2017 |
| FULL Session 5 Co-Ed Ages 6-12 | July 23-28, 2017 |

Check in time is 2 pm on Sunday - Pick up time is 2 pm on Friday
Campers will only be released to authorized persons stated on the Policy Agreement and Consent form,
ID will be checked

Cabin Mate Request (*must be close in age and the same gender, NO exceptions*).

* We try to keep friends together but at times it is not possible unless the older child want to stay back with the younger youth.
Camp projects and curriculum are planned to be age and grade appropriate.

Name of Cabin mate/s: _____

Please read the following information and sign below.

If you have any questions please call our office at 619-445-5945.

Parent or Guardian please initial your agreement with the following and answer questions:

_____ A Health History Form (form provided by Camp Oliver) must be filled out completely with an up to date copy of the child's shot record.

Forms are available at WWW.CAMPOLIVER.ORG under Camps tab.

- * Health History Form
- * Policy Agreement and Consent
- * Camper Supply List (this form is for your information)

_____ **If the child is under a Doctor's care for any reason**, we require a physical that has been done within the **past 12 months**, physical form is last page of Health Form.

_____ Transportation to Camp is not provided by Camp Oliver.

_____ Camp Oliver will not be held responsible for lost camper items including jewelry, retainers, clothing or other personal items. Please do not send valuable items to camp. Please refer to CAMPER SUPPLY LIST.

Yes No With your consent, the child may be included in photos/videos used for future promotional purposes without financial compensation. Photos/videos may be shown on Camp Oliver's social media, website or brochures.

Yes No Please contact me regarding financial aid and payment plans.

I agree to the terms and provisions of this application.

(Print name) _____ Signature _____ Date _____
Parent/Guardian

Mail this form and payment to: Camp Oliver -PO BOX 206, Descanso, CA 91916

Camp Oliver Participates in the USDA'S Summer Food Service Program

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.