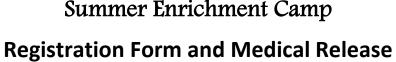


Bandon School District Summer Enrichment Camp





Please check the camp(s) you wish your child to attend:

| Please see camp guide for specific times and more detailed information about each camp. | Space is limited and sign-ups are on a first come, |
|---|--|
| first served basis. If a class gets fewer than 7 sign-ups, it w | vill be cancelled. |

| Mi Lo Lo Co Mi Mi Mi Mi Mi Mi Vo Vo Su Mi Mi Mi Mi Mi Mi Mi M | Jummer Enrichment Gr. 3-4 – July 12-30 Jissoula Children's Theatre Gr. 1-8 – July 12-16 Dest Lake Day Camp Gr. 1-4 – July 12 Leach Day Camp Gr. 1-4 – July 13 Leach Day Camp Gr. 5-8 – July 19-23 Leach Day Camp Gr. 5-8 – July 19-23 Leach Day Camp Gr. 5-8 – July 19-23 Leach Fun Gr. 1-2 – July 19-23 (a.m.) Leach Fun Gr. 1-2 – July 19-23 (p.m.) Leach Fun Gr. 5-8 – July 19-23 Leach Camp Gr. 5-8 – July 19-23 Leach Camp Gr. 5-8 – July 27 Leach Camp Gr. 6-8 – July 28 Leach Facts – Geometry Gr. 5-8 – August 2-6 Leach Facts – Gr. 6-8 – August 2-6 | | Nature Stories Gr. 1-4 – August 2-6 Mural Camp Gr. 5-8 – August 2-6 Expedition Club Camp Gr. 1-4 – August 4-6 Cooking Camp Gr. 3-4 – August 9-13 Geology Camp Gr. 5-8 – August 9-13 Nature Stories Gr. 1-4 – August 9-13 Everyday Math Gr. 2-5 – August 9-13 Felting and Flower Pressing Gr. 1-5 – August 10-12 Everyday Math Gr. 2-5 – August 16-20 Tide and Pools Gr. 1-4 – August 16-20 Nature Stories Gr. 1-4 – August 16-20 Basketball Camp Gr. 1-5 – August 16-20 |
|---|--|---|---|
| | aily Child Care* | | Basketball Camp Gr. 6-8 – August 16-20 |
| □ G | arden Camp Gr. 2-4 – August 2-6 | | |
| | re is available to registered campers only, o | on the day | y(s) of their camp participation, only |
| *Child Car during the Camper N Parent/Gu | re is available to registered campers only, on the second of the second | | Date of Birth: |
| *Child Car during the Camper N Parent/Gu Address: _ | re is available to registered campers only, on the compers of the compers on t | | Date of Birth: |
| *Child Carduring the Camper Notes Parent Address: _Cell Phone Pick Up Address and the Bandon Legal Guardi | re is available to registered campers only, on the time their camp is not in session. Jame (First/Last): uardian Name: e # uthorization and Emergency Contacts I legal guardians are allowed to pick up the child unless School District Camp staff to release my child to an lian is unable to pick him/her up. I understand the Back individual without first having received a written received a written received a written received. | e-mail: s legal docu y of the ind | Date of Birth: mentation shows otherwise. I do hereby authorize ividuals stated below in the event that a Parent or oll District Camp staff will not release my child to any |
| *Child Carduring the Camper N Parent/Gu Address: _Cell Phone Pick Up Authe Bandon Legal Guardiunauthorize verbal approductives approached approductive approached | re is available to registered campers only, on the time their camp is not in session. Jame (First/Last): uardian Name: e # uthorization and Emergency Contacts I legal guardians are allowed to pick up the child unless School District Camp staff to release my child to an lian is unable to pick him/her up. I understand the Back individual without first having received a written received a written received a written received. | e-mail: s legal docu y of the ind | Date of Birth: mentation shows otherwise. I do hereby authorize ividuals stated below in the event that a Parent or oll District Camp staff will not release my child to any |
| *Child Carduring the Camper N Parent/Gu Address: _Cell Phone Pick Up Au Parents and the Bandon Legal Guardiunauthorize verbal appro | re is available to registered campers only, on the time their camp is not in session. Jame (First/Last): uardian Name: e # uthorization and Emergency Contacts I legal guardians are allowed to pick up the child unless School District Camp staff to release my child to an lian is unable to pick him/her up. I understand the Back dindividual without first having received a written roval. | e-mail: s legal docu y of the ind indon Schoo notice with | Date of Birth: mentation shows otherwise. I do hereby authorize ividuals stated below in the event that a Parent or oll District Camp staff will not release my child to any my signature, or in the event of an emergency, my |

Bandon School District Summer Enrichment Camp

Registration Form and Medical Release

MEDICAL RELEASE (SIGNATURE REQUIRED BELOW)

| Camper Name (First/Last): | Date: | | |
|--|--|--|--|
| The undersigned is/are the parent(s) of guardian (s summer enrichment camp in the Bandon School Di to the school is true and correct to the best of my knowhere I/we can be reached in case of emergency of have also provided information on people to contact If I/we cannot be reached at one of the telephone in authorize Bandon School District #54, its employee contact the following physician(s) and/or transport in for treatment and care as recommended by said physician(s). | strict. The registration information provided nowledge. I have provided telephone #'s r injury to my child during school hours. I t in case the school is unable to reach me. umbers I have provided, I/we specifically s and agents to act in my/our behalf and to my/our child to the following physician's office | | |
| PHYSICIAN NAME & NUMBER: | INSURANCE NAME & POLICY #: | | |
| I/we further understand, agree and authorize Banda agents to use its sole discretion to contact or transpexpense if, in its sole discretion, transport by ambuthat according to ORS 109.640 a person 15 years of medical treatments. | port my/our child by ambulance at my/our lance is necessary. I/we further understand | | |
| I/we further understand and agree that, should a telephone numbers change at which I/we can be Bandon School District #54, in writing of my/our number(s). | e reached, it is my/our duty to notify | | |
| In consideration of Bandon School District #54, its employees and agents acting in my/our behalf should we not be able to be reached at the listed telephone numbers, I/we waive and release said school district, its employees and agents from any and all claims, demands, actions, or causes of action for damages or injury known or unknown, that I/we may have against it incident to or arising from its action pursuant to this authorization. | | | |
| I have read and understand the camper code of conduc | ct and agree to abide by its rules. | | |
| Parent/Guardian Signature: | Date: | | |