



# camp solaris

## 2019 camper application

3rd - 12th grade campers

### HOW TO USE THIS FORM:

- Download Form To Computer
  - Open and Fill Out Form
  - Save Form & Send Via Email to [Info@CampSonshineMemories.org](mailto:Info@CampSonshineMemories.org) or Print and send by Mail to 13440 S. 25th St., Roca, NE 68430
- You can also register online at [www.CampSonshineMemories.org](http://www.CampSonshineMemories.org)

### #1: Camper/Family Information

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Grade Entering in Fall 2019: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

City: \_\_\_\_\_

School: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church(if applicable): \_\_\_\_\_

How did you hear about camp? \_\_\_\_\_

Swim Level:  1 - No Swim  2 - Life Jacket  3 - No Life Jacket

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Is there anyone who is NOT allowed to pick up your child?  No  Yes (If yes, explain in attached letter)

### #2: Session & Pricing Options - Please check desired session(s) and options

**What is Tiered Pricing?** Realizing that families have different abilities to pay, we've instituted a tiered pricing program. This pricing structure is voluntary, requires no paper work and in no way will affect the experience each child receives. \*Additional financial aid is available for those who qualify. Call the office or check the website for a camper scholarship form or for more pricing information.

Sessions	Pricing Options by Grade								
	Solaris Adventures 3rd - 6th		Journey 5th - 6th		Expedition 7 - 9th		High School Camp		
	A	B	A	B	A	B	A	B	
<b>Session 1</b> June 3 - 6	<input type="checkbox"/> \$285	<input type="checkbox"/> \$265							
<b>Session 2</b> June 9 - 14	-	-	<input type="checkbox"/> \$375	<input type="checkbox"/> \$355	<input type="checkbox"/> \$395	<input type="checkbox"/> \$375	-	-	
<b>Session 3</b> June 16 - 21			<input type="checkbox"/> \$375	<input type="checkbox"/> \$355	<input type="checkbox"/> \$395	<input type="checkbox"/> \$375	-	-	
<b>Session 4</b> June 24 - 27	<input type="checkbox"/> \$285	<input type="checkbox"/> \$265	-	-	-		-	-	
<b>Session 5</b> July 1 - 3	<b>Special Programs</b>								
<b>Session 6</b> July 8 - 11	<input type="checkbox"/> \$285	<input type="checkbox"/> \$265					-	-	
<b>Session 7</b> July 14 - 19	-	-	<input type="checkbox"/> \$375	<input type="checkbox"/> \$355	<input type="checkbox"/> \$395	<input type="checkbox"/> \$375	-	-	
<b>Session 8</b> July 21 - 26	-	-	<input type="checkbox"/> \$375	<input type="checkbox"/> \$355	<input type="checkbox"/> \$395	<input type="checkbox"/> \$375	-	-	
<b>Session 9</b> July 28 - Aug 2	-	-	-	-	-	-	<input type="checkbox"/> \$395	<input type="checkbox"/> \$375	
<b>Session 10</b> Aug 4 - 9	<b>Special Programs</b>								

**Grouping Request** - You may request up to 2 friends to be place within the same group. Friends must request each other. Campers are grouped by program and gender. **We will do our best to honor these requests but cannot make any guarantees.**

Friend 1: \_\_\_\_\_ Friend 2: \_\_\_\_\_

**Mailing Address: 13440 S 25th St., Roca, NE 68430 Phone: 402.423.8746**  
**Email: [info@campsonshinememories.org](mailto:info@campsonshinememories.org) Web: [www.CampSonshineMemories.org](http://www.CampSonshineMemories.org)**

### #3: Medical Information & Health History

Health Insurance Provider: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Date or best estimate of last Tetanus shot: \_\_\_\_\_

List any allergies and other restrictions which may hinder camper's ability to fully participate in all camp activities. Include pertinent physical, psychiatric and behavior related information. (Please attach additional sheet if necessary.) \_\_\_\_\_

If camper needs medication or other health aid during camp, please fill out the **Drug Authorization Form**.

### #4: Financial Information

A \$50 non-refundable deposit per child per session is required at time of registration. Camper Tuition, if not paid in full at time of registration is due May 7th.

#### Scholarship Fund:

In addition to my payment, I would also like to contribute \$9 to the scholarship fund to help a child come to camp who might not otherwise get to come.

#### Payment Amount:

Pay in full  Pay deposit only  
 Pay other amount \$ \_\_\_\_\_

#### Payment Method:

Check  
 Credit Card (Master Card or VISA)  
Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date \_\_\_\_ / \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### Remaning Balance Credit Card Authorization -

Yes, I give Camp Sonshine permission to debit my account for my remaining balance on Monday, May 13, 2019. I understand this is permission for a single transaction only and does not authorize any additional unrelated charges to my account.  
 No, do not charge my card for the balance. I will pay the balance or set up a payment plan with the office by May 13.

### #5: Parental Consent - Must be signed by Parent or Guardian

- My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and Overnights, unless I notify the camp otherwise in writing. I understand and realize Camp Sonshine will follow safety procedures, but that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that any and all camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sonshine activities and the services and food arranged (when applicable) for my child by Camp Sonshine, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp Sonshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Camp Sonshine, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible.
- I authorize the camp to administer Children's Motrin, Children's Tylenol, Antacid (Tums), Children's Benadryl, anti-diarrheal tablets (Imodium), cough drops, and eye drops for appropriate symptoms. I understand that certain topical over-the-counter medicines and products such as Cortizone, Bactine, Caladryl, Benzocaine, therapeutic grade essential oils, sunscreen, and bug spray are used for bee stings, poison ivy, bug bites, abrasions, skin irritations, upset stomachs and other preventative measures. If any medicine listed above or any topical medicine is unacceptable, I will notify Camp Sonshine in writing.
- I also understand that Camp Sonshine reserves the right to dismiss any camper when it is deemed necessary by the directors to be in the best interest of the child or the camp. There will be no refunds for campers dismissed for disciplinary reasons.
- I also give permission for Camp Sonshine to use my child's name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping or Camp Sonshine. I understand that I can notify a director in writing if this is unacceptable.
- I give Camp Sonshine my permission to give out phone numbers, electronic and/or mailing addresses for carpool lists, social purposes (i.e. birthday parties, play dates, etc.) and other camp related promotions, events or activities. I understand that I can notify the office if this is unacceptable.
- I understand that by signing this Parental Consent form I affirm that I have read and agree to the above and assume responsibility for payment of camp tuition and fees.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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