2017 Camp Avalanche & Camp de Champs

Name	Age	Date of Birth / /
E-mail (Parent's)		Camp Aval / De Champs
Address	City	Zip
Skating Level (circle) Beginner Intermediate Advanced	e.g. B1	Home #
Mother/Guardian	Work #	Cell #
Father/Guardian	Work #	Cell #
Other Emergency Contact	Contact #	

I authorize Chaparral Ice to release my child from camp to the following persons in addition to the guardians & contacts above:

Name	Contact #	D.L. #
Name	Contact #	D.L. #
Name	Contact #	D.L. #

MEDICAL INFORMATION

Family Physician	Hospital Preference
Insurance Name	Policy Holder
Allergies	

All medications to be administered at camp must be in their original container, with its original label. Medication must be given directly to a camp counselor and the medication log must be filled out. Please see terms & conditions regarding medication requirements while at camp.

List required medication, purpose & dosage.

Please list & explain any special emotional or physical needs that your child may have on a separate page.

	DATES	CAMP	CAMP FEE	DEPOSIT	AMT PD
1 ☐	6/5-6/9	AV / DE CHAMPS	$290	$100	$
2 ☐	6/12-6/16	AV / DE CHAMPS	$290	$100	$
3 ☐	6/19-6/23	AV / DE CHAMPS	$290	$100	$
4 ☐	6/26-6/30	AV / DE CHAMPS	$290	$100	$
5 ☐	7/3-7/7	AV / DE CHAMPS	$290	$100	$
6 ☐	7/10-714	AV / DE CHAMPS	$290	$100	$
7 ☐	7/17-7/21	AV / DE CHAMPS	$290	$100	$
8 ☐	7/24-7/28	AV / DE CHAMPS	$290	$100	$
9 ☐	7/31-8/4	AV / DE CHAMPS	$290	$100	$
10 ☐	8/7-8/11	AV / DE CHAMPS	$290	$100	$
11 ☐	8/14-8/18	AV / DE CHAMPS	$290	$100	$

Credit Card Payment Information

Credit Card #	Exp.	Amount $	Signature
Cashier Name	Date Received	Amount Paid $	

Lunch Payment

Total Lunches- $7 per lunch. Avalanche check field trip schedule.	Date Received	Amount Paid $