

CAMP VERTICAL EXTREME 2024

Registration, Field Trip Release, and Emergency Forms

Camper Information

Camper's Name _____ Grade for September 2024 _____ Male Female
 Camper's Name _____ Grade for September 2024 _____ Male Female
 Complete Address _____ City _____ State _____ Zip _____
 Parent/Guardian Name(s) _____ Email: _____
 Dad/Guardian Home Phone _____ Work Phone _____ Cell _____
 Mom/Guardian Home Phone _____ Work Phone _____ Cell _____

"CAMP VE—25 Years of Fun"

Please mark the weeks your camper(s) will be attending.

**Vacation Bible School Week*

<input type="checkbox"/> May 28-May 31	<i>Hello Summer</i>	<input type="checkbox"/> July 1-5*	<i>Olympics</i>
<input type="checkbox"/> June 3-7*	<i>Western Week</i>	<input type="checkbox"/> July 8-12	<i>The Amazing Race</i>
<input type="checkbox"/> June 10-14	<i>Spy Kids</i>	<input type="checkbox"/> July 15-19*	<i>Survivor</i>
<input type="checkbox"/> June 17-21*	<i>Under the Sea</i>	<input type="checkbox"/> July 22-26	<i>Christmas in July</i>
<input type="checkbox"/> June 24-28	<i>Camp VE Goes to Hollywood</i>	<input type="checkbox"/> July 29-August 2*	<i>Take Me Out to the Ballgame</i>

My camper will be FULL TIME (Monday-Friday)
 My camper will be PART TIME (please check days camper will attend): Monday Tuesday Wednesday Thursday Friday

Enrichment Class and Sports Camp Registration

Camper's Name _____ Camper's Name _____ Camper's Name _____
 Class Title: _____ Class Title: _____ Class Title: _____
 Cost: _____ Cost: _____ Cost: _____

Payment and Authorized Pick-up Information

Enclosed is a check payable to Camp Vertical Extreme in the amount of \$ _____ Check #: _____
 Visa/MC # _____ Exp. Date _____ Code _____

A 3% fee will be added if paying with a credit card.

I give permission for my child to take part in all camp activities, including sports and field trips away from, and on the school premises. Providing reasonable care has been taken, I absolve the camp from liability to me or my child because of injury to my child at any camp activity. Camp VE has my permission to use my child's picture in any camp publication, advertisement in the local newspaper, television, website, etc. In the event of an emergency, Camp VE attempts to contact parents first, and then will contact one of the following people **BASED ON THE ORDER IN WHICH THEY ARE LISTED**. The following also have permission to pick up my child. (Other than parents).

Name	Relationship	Phone (Cell)	Phone (Work)

My camper (14/15 years old) would like to be a Leader In Training (LIT) **\$15/day + registration fee**

The following **DOES NOT** have permission to pick up my camper(s): _____

Please group my camper with _____

My camper attends the following school: _____

I need _____ pick up passes **PICK UP PASS #** _____

Please complete and sign the Medical Form