

# Valor Camp Registration Form

## Student Information (One Student Per Form Please)

Student Name Male/Female Date of Birth/Age

Mailing Address

Primary Phone Number Secondary Phone Number

School Grade for Fall 2017

E-mail Address (All Camp Communication)

Parent/Guardian #1 Name Cell Phone

Parent/Guardian #2 Name Cell Phone

Non-Parent Emergency Contact Name Relationship to Student

Primary Phone Number Alternate Phone

### Photo Permission & Media Release: 6/19/2017 – 8/18/2017

We authorize the use of student images &/or videos in school publications and public media. ☐ Yes ☐ No

### Emergency Medical Information:

I hereby give consent and authority to treat my child in case of a medical emergency. I understand that all efforts will be made to contact me immediately.

Signature of Parent/Guardian:

## Camp Weeks Reg. Fee: \$50 | \$200 per week

- ☐ Week 1 ----- June 19<sup>th</sup> – 23<sup>rd</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 2 ----- June 26<sup>th</sup> – 30<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 3: Forest Adventure Camp (Offsite) ----- July 5–7 | \$135 \_\_\_\_\_  
\*or \$50/day ☐ Day 1 \_\_\_\_\_ ☐ Day 2 \_\_\_\_\_ ☐ Day 3 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 4 ----- July 10<sup>th</sup> – July 14<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 5 (VBS hosted by Living Hope Church) July 17<sup>th</sup> – 21<sup>st</sup> | \$125 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 6 ----- July 24<sup>th</sup> – July 28<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 7 ----- July 31<sup>st</sup> – Aug 4<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 8 ----- Aug 7<sup>th</sup> – Aug 11<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_  
☐ Week 9 ----- Aug 14<sup>th</sup> – Aug 19<sup>th</sup> | \$200 \_\_\_\_\_  
☐ Early Care: 7–9a ☐ After Care: 4–6p [Early or After: \$55 Wk - \$20 Day - \$10 Hr] \_\_\_\_\_

### Add Ons

- ☐ Music Lessons: Ukulele | ----- June 26<sup>th</sup>, 28<sup>th</sup>, 30<sup>th</sup> 1 – 3pm | \$100 \_\_\_\_\_  
☐ Computer Coding | ----- July 10<sup>th</sup> – July 14<sup>th</sup> 1 – 3pm | \$100 \_\_\_\_\_  
☐ Computer Coding | ----- July 24<sup>th</sup> – 28<sup>th</sup> 1 – 3pm | \$100 \_\_\_\_\_  
☐ Computer Coding | ----- July 31<sup>st</sup> – Aug 4<sup>th</sup> 1 – 3pm | \$100 \_\_\_\_\_  
☐ Music Lessons: Guitar | ----- July 7<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> 1pm – 3pm | \$100 \_\_\_\_\_

\* If selecting an Add On in addition to a week of camp, the weekly price of camp will be discounted to \$125. The price of Add Ons will remain \$100 regardless.

SELECTION TOTALS: \$ \_\_\_\_\_

### Contact Information | Summer Camp Director: Allison Berg

- [summer@valorschool.org](mailto:summer@valorschool.org) | (503) 332.6299
- <https://valorknights.wixsite.com/summerdaycamp>

# Valor Camp Registration Form

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## Sports Camp Sessions | Family Name:

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☐ **Basketball Camps:** | Aug. 14<sup>th</sup> – Aug. 18<sup>th</sup> | \$75/week

☐ 3<sup>rd</sup> – 6<sup>th</sup> Grade : 9:00am – 11:00am ----- \$75 \_\_\_\_

☐ 7<sup>th</sup> – 8<sup>th</sup> Grade : 4:30pm – 6:30pm ----- \$75 \_\_\_\_

☐ 9<sup>th</sup> – 12<sup>th</sup> Grade : Time TBD ----- \$75 \_\_\_\_

Player Name(s)/Grade(s):

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☐ **Volleyball Camps:** | Aug. 21<sup>st</sup> – Aug. 25<sup>th</sup> | \$85/week

☐ 4<sup>th</sup> – 8<sup>th</sup> Grade : 9:00am – 12:00pm ----- \$85 \_\_\_\_

☐ 9<sup>th</sup> – 12<sup>th</sup> Grade : Time TBD ----- \$85 \_\_\_\_

Player Name(s)/Grade(s) :

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**SELECTION TOTALS: \$**\_\_\_\_\_

## Photo Permission & Media Release: 6/19/2017 – 8/25/2017

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## Emergency Medical Information:

I hereby give consent and authority to treat my child in case of a medical emergency. I understand that all efforts will be made to contact me immediately.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QUESTIONS/INQUIRES:** Allison Berg | [summer@valorschool.org](mailto:summer@valorschool.org)

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