

HIGHWAY ONE PACIFIC COAST LEADERSHIP PROGRAM

APPLICATION

Name _____ DOB _____

Address _____

City: _____ Zip Code: _____ Grade entering next fall: _____

Home telephone (____) _____ - _____ Parent's Email _____

How did you hear about the Camp?: _____

Is your daughter involved with a leadership club? If so, indicate the name of the club?:

Father's name: _____ Daytime telephone: _____

Mother's name: _____ Daytime telephone: _____

My daughter knows how to swim: ____ yes ____ no

My daughter would like to participate in the following activities:

____ drama ____ dance ____ art ____ choir/music
____ swimming ____ basketball ____ canoeing ____ hiking ____ volleyball

Participation agreement: To preserve our standards, the number of campers is limited. The directors reserve the right to refuse admission or request withdrawal of any camper if it is deemed necessary to protect the program's welfare.

I understand that any photographs or videos taken of my daughter during the camp activities may be used in future camp promotional materials.

The camp is not responsible for lost and/or damaged personal property. Parents agree to abide by camp rules regarding phone calls, visitors, etc. Parents also agree to hold the organizers harmless from liability on account of injuries suffered by their child. Any claims for injuries shall be limited to the insurance coverage available for camp purposes.

Medical Release form (check one)

____ My daughter has no serious medical problem and may participate in any of the activities of the PCLP camp.

____ My daughter has a medical condition that requires the following restrictions:

Insurance Company and Coverage: I hereby give permission for my daughter to receive emergency medical care should it be necessary during her stay in the Leadership Camp. I also certify that I have read the Participation Agreement and agree to its terms.

Parent/Guardian signature:

Date: