

Camp Hitaga Registration 2011

www.camphitaga.org
E-mail: info@camphitaga.org

PO Box 10075
Cedar Rapids, IA 52410-0075

319-294-2411
Fax: 319-294-2413

Camper Information:

Last: _____ First _____ M.I. _____ Gender: _____ Age: _____
Address _____ City _____
State _____ Zip: _____ DOB: ____/____/____ School: _____ Grade-Fall 11: _____

Cabin Mate Request: _____

Parents/Guardians Information:

Name(Last/First): _____ E-mail: _____ Work: (____) _____
Address: _____ Gender: _____ Home: (____) _____
City: _____ State: _____ Zip: _____ Cell: (____) _____

Name(Last/First): _____ E-mail: _____ Work: (____) _____
Address: _____ Gender: _____ Home: (____) _____
City: _____ State: _____ Zip: _____ Cell: (____) _____

Emergency Contacts Information:

Name(Last/First): _____ Relation: _____ Work: (____) _____
Address: _____ Gender: _____ Home: (____) _____
City: _____ State: _____ Zip: _____ Cell: (____) _____

Name(Last/First): _____ Relation: _____ Work: _____
(____) _____
Address: _____ Gender: _____ Home: (____) _____
City: _____ State: _____ Zip: _____ Cell: (____) _____

Persons authorized to pick up my child:

Persons NOT authorized to pick up my child:

- **How did you learn about Camp Hitaga?** -

Book Mark Camp Flyer Mail Poster Friend Twig Other

Permission/Release:

My child has permission to leave camp for local field trips. I understand and certify that my child's participation in Camp Hitaga and its activities is completely voluntary and I have familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in the camp events and program, particularly, but not limited to, the activities of horseback riding, swimming, and canoeing, and I acknowledge that although Camp Hitaga has taken safety measures to minimize the risk of injury to camp participants, Camp Hitaga cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize that the camp's Health Center is staffed by a registered nurse at all times that camp is in operation. Almost all of the Health Center visits are minor and can be treated by camp's trained personnel. I may not be notified if my child receives minor treatment or medicines. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form. I understand that both the balance of the camp fee and a signed Health Form are due two weeks prior to the session my child will be attending or the higher fee will be assessed and my child may lose his or her session of choice. If my child is photographed at camp, I authorize Camp Fire USA Iowa Council to use the picture for publicity purposes. I have read the above policy and the refund policy as stated in the brochure. I understand and agree to their terms.

Signature _____ Date _____ / _____ / 2010.

Camp Hitaga – Registration 2011

Camper Name: _____

Please check all sessions your camper wishes to attend Address: _____

Session 1: June 19-25

- Classic Camp – Grades 1-12 – Slugs, Bugs Butterflies
- Adventure Camp – Grades 6-12 – Canoeing
- Stirrups & Saddles – Grades 4-12

“Early Bird” Fee

- \$310
- \$310
- \$380

After May 15

- \$325
- \$325
- \$395

Session 2: June 26-July 2

- Classic Camp – Grades 1-12 – Wacky Sports
- Adventure Camp – Grades 6-12 – Survivor
- Stirrups & Saddles – Grades 4-12

- \$310
- \$310
- \$380

- \$325
- \$325
- \$395

Session 3: July 3-9

- Classic Camp – Grades 1-12 – Crazy Week
- Adventure Camp – Grades 6-12 – Canoeing
- Stirrups & Saddles – Grades 4-12

- \$310
- \$310
- \$380

- \$325
- \$325
- \$395

Session 4: July 10-16

- Classic Camp – Grades 1-12 – Aquatic Week
- Adventure Camp – Grades 6-12 – Survivor
- Stirrups & Saddles – Grades 4-12

- \$310
- \$310
- \$380

- \$325
- \$325
- \$395

Session 5: July 17-23

- Classic Camp – Grades 1-12 – Survivor
- Adventure Camp – Grades 6-12 – Canoe Trip
- Stirrups & Saddles – Grades 4-12

- \$310
- \$310
- \$380

- \$325
- \$325
- \$395

Session 6: July 24-30

- Classic Camp – Grades 1-12 – Muggles Week
- Adventure Camp – Grades 6-12 – Canoeing
- Stirrups & Saddles – Grades 4-12

- \$310
- \$310
- \$380

- \$325
- \$325
- \$395

Leadership Training: 10th grade only

- LT1 July 10-23 LT2 July 17-30

\$450

\$465

Counselor-In-Training: 11th and 12th grade only

- CT1 June 19-July 9 CT 2 July 10-July 30

\$465

\$465

TOTAL Registration Fees: \$ _____

Less **DEPOSIT** (required) - \$ _____
(Minimum \$75)

BALANCE DUE: \$ _____

BALANCE DUE must be paid on or before May 15 for the “Early Bird” discount, otherwise the full fees will be charged.
All fees are due no later than two weeks before the camper’s first session, or late fees may apply.

Credit Card Information (if you wish to pay by Credit Card). Please print using block letters and sign.

Please charge \$ _____ now, and \$ _____ on ____/____/2011. Visa MC

Card # _____ - _____ - _____ - _____ Exp. Date ____/____

Name on Card _____ Mailing Address: _____

Signature _____ City, State, Zip: _____