



## CAMP TACANNEKO

### REGISTRATION FORM

Week 1-June 10-14, 2024    Week 2- August 5-9, 2024  
 Camp Hours: M-TH 9:30am-3:30pm, Fri 9:30am-1:00pm  
 Camp Arroyo Grande

58th Year!



Camp Tacanneko is a week-long traditional day camp experience for girls and boys leaving K-11<sup>th</sup> grade. Campers participate in music, arts-n-crafts, swimming, try-ads and starflight. Space is Limited and campers may be placed on a wait list. If placed on a wait list you will be notified.

To Register: Fill out registration form below and health form on the back. Return form with fees to address on the back  
 Deadline Week 1-May 21. Week 2-July 22. Camper Parent Information Letters will be emailed out one week before camps.  
**Questions?** Call 805-235-0819 or email [campfirech@sbcglobal.net](mailto:campfirech@sbcglobal.net) or website: [www.campfirecentralcoast.org](http://www.campfirecentralcoast.org)

### **CAMPER INFORMATION:** (completely fill out both sides)

**(SPACE IS LIMITED)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Leaving Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: Youth XS YouthS YouthM YouthL AdultS AdultM AdultL AdultXL AdultXXL (Circle Size)

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_

Please describe any family circumstances the Camp Fire staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

### Try-Ad Available

(Leaving grades 3rd, 4th, 5th and 6th)  
 (Indicate 1st, 2nd and 3rd choice)

Space is Limited!

Week 1- "Robotics"

Week 2- "Wild West"

Archery/Tomahawk Throwing (5th and 6th graders only)

Archery \_\_\_\_\_

Baking \_\_\_\_\_

Cooking \_\_\_\_\_ NA \_\_\_\_\_

Drama \_\_\_\_\_ NA \_\_\_\_\_

Gardening \_\_\_\_\_

Painting \_\_\_\_\_

Sewing \_\_\_\_\_ NA \_\_\_\_\_

Singing \_\_\_\_\_ NA \_\_\_\_\_

Sports/Games \_\_\_\_\_

Tie-Dye \_\_\_\_\_

### **CAMP FEES: SEND CHECK PAYABLE TO CAMP FIRE**

**"SPACE IS LIMITED!"**

Check week choices:

Week 1:June 10-14 \_\_\_\_\_ Week 2:August 5- 9 \_\_\_\_\_ Both weeks: \_\_\_\_\_

#### Fees for one week of camp:

Completed K-6<sup>th</sup> Grade \$250 per week

Camper with full time adult volunteer-K-6th Grade \$150 per week

LIT/Junior Counselor: 7th-11th Grade \$150 per week

#### Fees for two weeks of camp:

Completed K-6<sup>th</sup> Grade \$470 per weeks

Camper with full time adult volunteer-K-6th Grade \$270 per weeks

LIT/Junior Counselor: 7th-11th Grade \$270 per weeks

#### Discount fee for current Camp Fire club members only:

(\$30.00) total

Leaders name: \_\_\_\_\_

Check # \_\_\_\_\_ Total Camp Fees enclosed: \$ \_\_\_\_\_

\*Limited Campership is available- for application and details apply to:  
 Week 1- [campfirech@sbcglobal.net](mailto:campfirech@sbcglobal.net) and week 2- [sarahjmccray@gmail.com](mailto:sarahjmccray@gmail.com)

### **ADULTS WE NEED YOUR HELP!!**

**FULL-TIME VOLUNTEER'S KIDS GET A REDUCED RATE**

Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_

Adult Name: \_\_\_\_\_

Phones: Cell \_\_\_\_\_

Email: \_\_\_\_\_

Counselor: Yes \_\_\_\_\_ No \_\_\_\_\_ Age Group: \_\_\_\_\_

Program Specialist: List \_\_\_\_\_ Try-Ad \_\_\_\_\_

Adult T-Shirt: Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ Xlg \_\_\_\_\_ 2Xlg \_\_\_\_\_

## HEALTH FORM

(Please complete, sign, and mail with fees to address shown below.)

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Medical History (Mark Yes or No to each:) Diabetes-Yes/No Epilepsy-Yes/No Allergies-Yes/No

List All Known Allergies \_\_\_\_\_

Currently Taking Medication-Yes/No List all medications \_\_\_\_\_

Emergency Contacts (Please list only local, available contacts who know you are depending upon them in the event you cannot be reached. Must have 2 contacts)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

### Activity Agreement & Waiver

In consideration of permission granted by Camp Fire Central Coast of California allowing me/my child to participate in described Activity, I represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that by my child participating in the activity which involves certain risks and that injuries, death, property damage or other harm could occur to my child or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or resulting from my participation in the Activity, regardless of whether or not caused in whole or in part by the fault of Camp Fire Central Coast of California, and/or its or their employees, volunteers, affiliates, officers, agents or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. In the event my child is photographed while participating in Camp Fire programs, the photograph(s) may be used for Council and National marketing purposes.
5. I will assure my child is properly prepared for all activities including having proper clothes and equipment, being in good health, willing and able to participate, and he/she will abide by camp policies and follow directions of camp personnel.
6. In case of emergency, after every reasonable effort has been made to contact me or the child's physician I have provided, I hereby give consent for professional services to be rendered. I agree to be responsible for payment of expenses incurred in such emergency treatment. I understand my child will not be allowed to leave camp before 3:30pm without my prior written permission. I authorize the emergency contacts listed to act on my behalf if I cannot be reached.
7. Refund Policy: Cancellation received by May 1 in writing will receive a refund for registration fees less \$30.00 membership fee. No refund will be given for cancellations after May 2. Dismissal from camp is not grounds for a refund.
8. I have carefully read and reviewed this Activity Agreement & Waiver. I understand it fully and I execute it voluntarily. Furthermore, I have read and understand the registration procedures, refund policies, and all other details of the Activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Fire Central Coast of California

P.O.Box 1269

Arroyo Grande, CA 93421

Week 1-Cheri Hess 805-235-0819 [campfirech@sbcglobal.net](mailto:campfirech@sbcglobal.net)

Week 2- Sarah McCray 702-273-7374 [sarahjmccray@gmail.com](mailto:sarahjmccray@gmail.com)