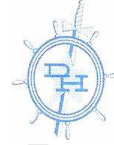


Camp Del-Haven

Mail Completed Application to:



887 NW 1901 Lone Jack, MO 64070 *816-690-8465
For questions, Please call in the evenings during the week or on Saturdays)



2009 Camp Application

Name of Child: _____ Gender: Male Female

Address: _____ City: _____ State: _____

Zip Code: _____ Age: _____ Date of Birth: _____
(Day/Month/Year)

Home Phone #: _() _____ Cell Phone #: _() _____

Work Phone #: _() _____

E-mail Address: _____

IN CASE OF ACCIDENT OR ILLNESS the primary caregiver will be notified first. Please list two other people who can be contacted.

1. Name: _____ Phone #: _() _____
2. Name: _____ Phone #: _() _____

My child will need a ride from the central pickup in Kansas City: yes or no

Does your child have any physical handicaps that we should know about?

Does your child have any allergies that will bother him/her at camp?

If so, please send medication and instructions if needed.

Who is your child's Physician? _____ Phone #: _() _____

When was your child last examined? _____

Do we have permission to distribute Children's Tylenol to your child for minor headaches or other minor aches and pains? YES or NO

Please list any persons other than yourself who is allowed to pick up your child. Children will not be released to unauthorized persons. _____

2009 Camp Sessions

Sessions are filled on a first come, first serve basis. You will receive a confirmation letter once your child is confirmed to attend a camp session.

Please mark each session that your child is available to come to camp according to their age and gender. (Ages begin at the time of the camp session, not at the time the application is filled out.)

_____ **Session 1 June 15 -- June 18 Boys and Girls Camp 1 (Ages 6 to 8)**

_____ **Session 2 June 22 -- June 25 Girls Camp 1 (Ages 9 to 12)**

_____ **Session 3 July 06 -- July 09 Boys Camp 1 (Ages 9 to 12)**

_____ **Session 4 July 13 -- July 16 Boys and Girls Camp 2 (Ages 6 to 8)**

_____ **Session 5 July 20 -- July 23 Girls Camp 2 (Ages 9 to 12)**

_____ **Session 6 July 27-- July 30 Boys Camp 2 (Ages 9 to 12)**

(We make exceptions for 9 year olds only. They may attend either the older children camp sessions or the younger children camp sessions.)

Waivers and Conditions: Pictures (no names) taken at camp may be used for advertisement purposes. (Examples: brochures, support newsletters, web pages, etc.) Camp Del-Haven is released from any liability in the event of an illness or accident that may occur to any camper. Each camper must be insured by their own provider. The Parent/Guardian signature on the application gives Camp Del-Haven the right to arrange for any special services or medical attention necessary for the camper's welfare and good health. In such situations the camp will attempt to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any expenses that may result from such services.

I affirm that the information given is correct and accurate. I have carefully read the waivers and conditions of enrollment and agree to abide by them.

Signature of parent/guardian: _____ Date: _____

Print name of parent/guardian: _____