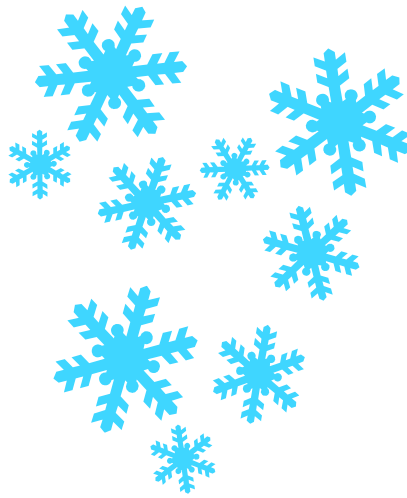


Winter Wonderland Weekend
at
Camp Washington
President's Day Weekend



Friday, February 17th (7 PM) - Sunday, February 19th (2 PM)



Ages: 7 - 12
Cost: \$160

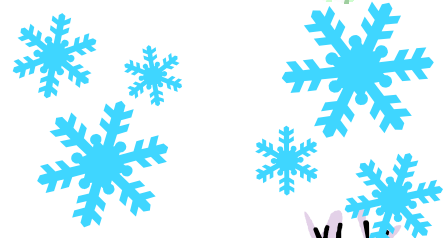


Spaces are limited!

Planned* Activities include:

- Campfire
- Sledding
- Snow sculptures
- Cooking & baking
- Arts & crafts
- Winter hiking
- Sports & games
- Snowshoeing
- Theater activities

* All planned activities are weather permitting!



For more information: 860-567-9623
 camp@campwashington.org

www.campwashington.org



Winter Wonderland Weekend February 17 - 19, 2012

Child's name: _____

New Camper

Street Address: _____

Returning Camper

Town/City: _____ State: _____ Zip: _____

Girl Boy

Home Phone #: _____ Child's Birthdate: ____/____/____

Age: _____

Mother/Guardian's Name: _____

Mother/Guardian's Cell Phone #: _____

Father/Guardian's Name: _____

Father/Guardian's Cell Phone #: _____

Other Emergency Contact's Name: _____

Other Emergency Contact's Home Phone #: _____

Other Emergency Contact's Cell Phone #: _____

Please return this form, along with \$50.00 deposit, to:

**Camp Washington
190 Kenyon Rd.
Lakeside, CT 06758**

BY SIGNING THIS FORM PARENT & CAMPER...

- Are giving permission to participate in all camp activities.
- Understand that any activity involving any nicotine products, alcohol, illegal drugs or sexual activity are not acceptable at camp. Campers involved in such activities will be sent home immediately.
- Understand that camp is a safe environment for everyone. Inappropriate behaviors that are unhealthy for the camp community (i.e. bullying, violence, vandalism, destruction) will be considered cause for dismissal by Director on a case-by-case basis and in conjunction with parent/guardian notification & input.
- Are giving permission for my child to participate in any field trips from camp which may occur during his/her stay at camp. I understand that all trips from camp will be led by responsible, qualified camp staff following the guidelines set by the State of Connecticut and the American Camp Association.
- Are giving permission for photographs and video footage of my child taken during camp may be used in promotional displays, videos, brochures, camp web site, & newsletters etc.
- Hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian signature: _____

Camper's signature: _____

The Medical Release Form must be completed, signed by Parent/Guardian and returned to Camp.

If bringing prescription drugs, they must arrive in original containers.

\$50 non-refundable deposit due with registration - balance due upon arrival. Make checks payable to "Camp Washington"

Credit Cards:

Mastercard Visa Discover Card # _____ 3 Digit Security Code ____

Exp. Date: _____ Amount: _____ Cardholder's signature: _____