

**Camper Application
and
General Information
2010**



DATES:

Session 1:	June 14-July 9	(4 weeks)
Session 2:	July 12-Aug. 6	(4 weeks)
Ocean Quest:	Aug. 9-Aug. 13	(1 week)
Adventure Camp	Aug. 16-Aug. 20	(1 week)

WEEKLY CAMP RATES:

\$265.00 per week

***Camp Live Oak allows session to be split in any combination of 4 weeks, but does not include the weeks of Ocean Quest and Adventure Camp.

You may also add weeks in addition to a regular session for an additional fee of \$237.50 each.

Basic Camp Fee	Morning Care AM	After Care PM	After Care AM & PM	With Bus Birch Only
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A session of camp (4 weeks)						
One Camper	Full Price (2 Field Trips per session included)	\$ 950.00	\$1030.00	\$1150.00	\$1210.00	\$1150.00
Two Campers	10% off second child *10 % discount included in fees to right **This is a sibling discount for second child living in the same household (Bus not discounted)	\$1805.00	\$1957.00	\$2185.00	\$2299.00	\$2205.00
Ocean Quest (several options available based on camper age)						
Ages 5-8:	Includes a Trip to Miami Seaquarium					
One Camper		\$ 275.00	\$ 295.00	\$ 335.00	\$ 340.00	\$ 335.00
Two Campers*	*Additional camper receives a 10% Sibling Discount on Extended Care only.	\$ 550.00	\$ 588.00	\$ 665.00	\$ 673.50	\$ 670.00
Ages 9-13:	Includes a Snorkeling Trip to Pennekamp Park in the Florida Keys					
One Camper		\$ 325.00	\$ 345.00	\$ 375.00	\$ 390.00	\$ 385.00
Two Campers*	*Additional camper receives a 10% Sibling Discount on Extended Care only.	\$ 650.00	\$ 688.00	\$ 745.00	\$ 773.50	\$ 770.00
All Ages:	Includes a Dolphin encounter at Miami Seaquarium					
One Camper		\$ 365.00	\$ 385.00	\$ 415.00	\$ 430.00	\$ 425.00
Two Campers*	*Additional camper receives a 10% Sibling Discount on Extended Care only.	\$ 730.00	\$ 768.00	\$ 825.00	\$ 853.50	\$ 850.00
Adventure Camp						
One Camper	Full Price	\$ 265.00	\$ 285.00	\$ 315.00	\$ 330.00	—
Two Campers	[10% off second child] *10 % discount included in fees to right **This is a sibling discount for second child living in the same household	\$ 503.50	\$ 541.00	\$ 598.50	\$ 627.00	—

RATES FOR OPTIONAL PROGRAMS:

Please Add an Additional:

Wild Safari Photography (3rd week of each session)	\$80.00 p/child/p/week
Starlight Sleepover (Session 2)	\$80.00 p/child/p/week
Mountain Biking Camp Week	\$80.00 p/child/p/week
Yoga Camp	\$60.00 p/child/p/week
Leaders in Training Program	\$125.00 registration fee
Family Sleepover	\$275.00 per cabin

REGISTRATION DEPOSITS AND BALANCE DUE DATES:

A non-refundable deposit of \$100.00 per child, per session is required when submitting your child's application. This deposit will be fully applied to the camp fee. The sibling discount is deducted when full payment is due.

For example: For Session 1, one Camper's deposit is \$100.00, and two Campers' deposit is \$200.00

Session 1: Balance Due in Full May 7, 2010.

Session 2, Ocean Quest & Adventure Camp: Balance Due in Full May 27, 2010.

Note: Campers may not attend camp unless all fees have been paid for the period(s) of attendance.

Camp Live Oak will not re-bill parents.

If payment is not made by the date(s) listed above, a child will not be considered enrolled. The deposit will be kept by Camp Live Oak, and the reserved space will be given to a child on the waiting list.

Orientation Day (BIRCH):

Saturday, May 15, 2010, at Hugh Taylor Birch State Park between 11:00 am and 1:00 pm. Meet the staff, pick up your calendars, and purchase your t-shirt, camp bag, etc. (Not to exceed 45 minutes).

Orientation Day (OLETA):

Sunday, May 16, 2010, at Oleta River State Park between 11:00 am and 1:00 pm. Meet the staff, pick up your calendars, and purchase your t-shirt, camp bag, etc. (Not to exceed 45 minutes).

WEATHER EMERGENCIES

In the extreme case of harsh conditions, there will be a message left on the camp office answering machine to indicate if camp is cancelled. This would be due to tropical storms, hurricanes or high winds. We do have camp on normal summer rainy days.

AGES (U.S. citizens)

Camp activities are designed for boys and girls ages 5 through 13. Your child must be 5 years old prior to the first day of camp with proof of age and medical records. If camper is under 6 years of age, the Broward County AND Dade County Departments of Health require us to have a PHYSICIAN SIGNED copy of current (within one year of camper's starting date) Certificate of Good Health (HRS Form 3040) and FL Certificate of Immunization, including a TB test (HRS Form 680).

AGES (Campers from OUTSIDE the U.S.)

Children from outside the USA must be at least 5 years old before the first day of camp WITH A COPY OF THEIR ORIGINAL BIRTH CERTIFICATE AS VERIFICATION OF AGE. If camper is under 6 years of age, the Broward County AND Dade County Departments of Health require us to have a PHYSICIAN SIGNED copy of current (within one year of camper's starting date) Certificate of Good Health (HRS Form 3040) and FL Certificate of Immunization, including a TB test (HRS Form 680). **(Under state law, you must go to a local doctor or health department to get these certificates BEFORE your child can enter camp.)** Please bring a copy of your child's immunization records from your country of origin WITH you to the local doctor or health department so that your information can be transferred. ****Please allow sufficient time to visit a local doctor or health department upon arrival to the U.S. BEFORE camp starts. There are NO exceptions.**

EMERGENCY AFTER CARE

We are aware an emergency may arise, or a traffic jam might cause a parent to be late in picking up a camper. If you are involved in this sort of situation, please do not worry. Any child who has NOT been picked up by 3:45 p.m. will be taken by Camp Staff to our afternoon pavilion and may stay as late as 6:00 p.m. An emergency late fee of \$10.00 will be collected for this service at the time the youngster is picked-up. Please understand this is an emergency, not a recurring pattern of delay. We are staffed for paying after care campers only.

PARENT NOTIFICATION

Please know that the on-site Health Care Manager handles all health care issues that arise at camp. The Health Care Manager is the first person to assess and treat an injury or illness. If the injury or illness is assessed to be more serious than a common scrape or bug bite, the Executive/Administrative Directors will be immediately informed to make the call to the camper's parent. Examples of cases that would warrant a phone call home include a bump on the head, sea lice, or anything that requires sustained health care attention. For any emergency situations that require the assistance of 911, the Director will immediately phone the camper's parents.

When filling out this application please use a ball point pen.

BUS SERVICE

Camp Live Oak has contracted with A1A Transportation to provide a daily bus service for the summer session to our Birch State Park facility in Ft. Lauderdale. This service will accommodate our families who live in Weston, Plantation and Northern Broward County.

Please review the drop-off and pickup locations located on our registration page and please indicate which location you will be using upon registration. The following bus service options are available:

Schedule	Cost (4-Week Session)	Weekly Price (if less than 4 weeks)
Both AM & PM	\$200.00	\$60.00 per week
AM only	\$100.00	\$30.00 per week
PM only	\$100.00	\$30.00 per week

The AM and PM bus service will be available Monday through Friday, starting Session I and ending the last day of Ocean Quest. There is NO bus service for Adventure Camp.

Campers will arrive at Birch State park each day by 9:00 am. PM buses will pick up campers from Birch State Park at 4:00 pm and return to the drop off points in western and northern Broward County.

If you are running late, please contact the main office so we may inform our staff members aboard the bus.

Two camp staff members will accompany campers on each bus to enforce safety procedures and will assist in the disembarkation of the campers. PARENTS MUST CHECK THEIR CHILD /CHILDREN OUT WITH A STAFF MEMBER BEFORE LEAVING THE BUS STOP.

Please note: The camp office will send a detailed information letter containing exact drop-off and pick-up times as well as the address/directions to each bus stop location.

If you have any questions or concerns about the bus service, you may contact the main office at 954-491-2917. For any other technical or personnel questions or concerns regarding A1A transportation, you may contact their main office at 954-584-5877.

Please refer to the REFUND POLICY and CONDITIONS sections of the Parent Handbook as both of these sections apply if any serious disciplinary action is taken that would warrant dismissal from the bus service.

NORTHERN BROWARD BUS STOPS:

- 1st Stop: Walgreens, 20 SW 12th Ave., Deerfield Beach, FL 33442
- 2nd Stop: Winn Dixie at the River Towne Plaza, 1019 S. Federal Hwy., Deerfield Beach, FL 33441
- 3rd Stop: Lowe's at the Pompano Square Mall, 1851 N. Federal Hwy., Pompano Beach, FL 33062
- 4th Stop: Anthony's Pizza at Pompano Marketplace, 1203 S. Federal Hwy., Pompano Beach, FL 33062

WESTON/PLANTATION BUS STOPS:

- Broward County Library, 4205 Bonadventure Blvd., Weston, FL 33311
- West Field Broward Mall - In front of Macy's

DISCOUNTS SUMMER 2010

Sibling Discount:

A 10% discount will apply for each additional child, after the first child, living in the same household. This discount includes Extended Care.

This discount CAN NOT be applied to the following: bus service, yoga, mountain biking, L.I.T. Program, Starlight Sleepover, Wild Photo Safari, or Family Sleepover.

Early Bird Discount:

Tuition paid in full by cash or check and received before April 5, 2010 will receive a 10% discount.

*A 10% discount is applied automatically for each additional child as the Sibling Discount. The maximum discount any child can receive is 10%.

** Extended care counts toward this discount.

This discount CAN NOT be applied to the following: bus service, yoga, mountain biking, L.I.T. Program, Starlight Sleepover, Wild Photo Safari, or Family Sleepover.

Total Summer Savings:

A 5% discount will be given if child attends all 8 weeks of Sessions 1 and 2, and payment can be by credit card, cash, or check. This discount includes Extended Care.

*A 10% discount is applied automatically for each additional child as the Sibling Discount. The maximum discount any child can receive is 10%.

This discount CAN NOT be applied to the following: bus service, yoga, mountain biking, L.I.T. Program, Starlight Sleepover, Wild Photo Safari, or Family Sleepover.

FAMILY INFORMATION *(For Emergency Use):*

Father's Name: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____

Business Phone: _____ Cell Phone: _____ Email: _____

If parents are separated or divorced,
please write name of custodial parent: _____

CONFIDENTIAL INFORMATION

It is essential that any pertinent social, emotional, health or physical issues involving your child be discussed with the Director prior to acceptance or attendance at camp. This confidential information may also be accomplished by letter, telephone, or personal visit. Also, please list any minor concerns or requests. _____

Fill out this section ONLY IF...

The camper will be riding with someone other than their parent.

Last Name of Driver: _____ First Name: _____

Street Address: _____

City _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Beeper: _____

Cell Phone: _____

Relationship to Camper: _____

* Please inform driver that a valid driver's license may be requested by a staff member unfamiliar with the driver.

Billing Address is different from address on the application. Send bills to:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Beeper: _____

Cell Phone: _____

Relationship to Camper: _____

CAMPER 1 - APPLICATION

Check Camp Site: Ft. Lauderdale (BIRCH) North Miami (OLETA)

Last Name: _____ First Name: _____

Date of Birth (Mo./Day/Yr.): _____ Male Female Age at Camp: _____

School Child will attend in Fall 2010: _____ Grade entering in Fall 2010: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: (_____) _____ Carpool: Yes No

Permanent Address of Camper (if Different): _____

PLEASE put an "✓" in box for weeks needed and "✓" in AM or PM or BOTH if Extended Day is needed. You may split a session if needed (4 weeks total ANY combination). This does not include the week of Ocean Quest.

Session 1	<input type="checkbox"/> Week 1, 6/14-6/18	<input type="checkbox"/> Week 2, 6/21-6/25	<input type="checkbox"/> Week 3, 6/28-7/2	<input type="checkbox"/> Week 4, 7/5-7/9
<i>Add Ons:</i>	<input type="checkbox"/> Birch-Yoga (\$60) <input type="checkbox"/> Oleta-Mtn. Bike (\$80)	<input type="checkbox"/> Oleta-Yoga (\$60)	<input type="checkbox"/> Birch-Yoga (\$60) <input type="checkbox"/> Oleta-Mtn. Bike (\$80) <input type="checkbox"/> Both-Photo Safari (\$80)	<input type="checkbox"/> Oleta-Yoga (\$60)
<i>Extended Care:</i>	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)

Session 2	<input type="checkbox"/> Week 1, 7/12-7/16	<input type="checkbox"/> Week 2, 7/19-7/23	<input type="checkbox"/> Week 3, 7/26-7/30	<input type="checkbox"/> Week 4, 8/2-8/6
<i>Add Ons:</i>	<input type="checkbox"/> Birch-Yoga (\$60) <input type="checkbox"/> Oleta-Mtn. Bike (\$80)	<input type="checkbox"/> Oleta-Yoga (\$60)	<input type="checkbox"/> Birch-Yoga (\$60) <input type="checkbox"/> Oleta-Mtn. Bike (\$80) <input type="checkbox"/> Both-Photo Safari (\$80)	<input type="checkbox"/> Oleta-Yoga (\$60)
<i>Extended Care:</i>	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)

Ocean Quest	<input type="checkbox"/> 8/9-8/13		
<i>Choose One:</i>	<i>All Ages</i> <input type="checkbox"/> Dolphin Encounter at Miami Seaquarium (\$365)		<i>Ages 5-8</i> <input type="checkbox"/> Miami Seaquarium (\$275)
<i>Extended Care:</i>	<i>Ages 9-13</i> <input type="checkbox"/> Snorkeling Trip (\$325)		
	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)		

Adventure Camp	<input type="checkbox"/> 8/16-8/20	ADD ONS	<input type="checkbox"/> Family Sleepover	<input type="checkbox"/> 6/26-6/27
<i>Extended Care:</i>	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)		<input type="checkbox"/> Starlight Sleepover	<input type="checkbox"/> 7/17-7/18
			<input type="checkbox"/> LIT (Leaders in Training) Ages 14 & 15	<input type="checkbox"/> Completed application

BUS SERVICE (BIRCH ONLY) See page 5 for details.

Session 1 Choose one	W. Bro. <input type="checkbox"/> Westfield Mall <input type="checkbox"/> Weston Library / N. Bro. <input type="checkbox"/> 1 st Stop <input type="checkbox"/> 2 nd Stop <input type="checkbox"/> 3 rd Stop <input type="checkbox"/> 4 th Stop			
	<input type="checkbox"/> Week 1, 6/14-6/18 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 2, 6/21-6/25 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 3, 6/28-7/2 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 4, 7/5-7/9 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip
Session 2 Choose one	W. Bro. <input type="checkbox"/> Westfield Mall <input type="checkbox"/> Weston Library / N. Bro. <input type="checkbox"/> 1 st Stop <input type="checkbox"/> 2 nd Stop <input type="checkbox"/> 3 rd Stop <input type="checkbox"/> 4 th Stop			
	<input type="checkbox"/> Week 1, 6/14-6/18 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 2, 6/21-6/25 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 3, 6/28-7/2 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip	<input type="checkbox"/> Week 4, 7/5-7/9 <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Roundtrip
Ocean Quest Choose one	W. Bro. <input type="checkbox"/> Westfield Mall <input type="checkbox"/> Weston Library / N. Bro. <input type="checkbox"/> 1 st Stop <input type="checkbox"/> 2 nd Stop <input type="checkbox"/> 3 rd Stop <input type="checkbox"/> 4 th Stop			
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Camper 1 - HEALTH AND EMERGENCY CONTACT INFORMATION

This form must be completed in full for EACH CHILD. It DOES NOT need to be completed by a physician. IMPORTANT: If camper is under 6 years of age, the Broward County and Dade County Departments of Health requires us to have a PHYSICIAN SIGNED copy of current (within one year of your camper's starting date) Certificate of Good Health (HRS Form 3040) and FL Certificate of Immunization, including a TB test (HRS Form 680). If the child is on medication, it is necessary to have a Physical form from the child's physician indicating the type, dosage and special instructions and to complete a medication form available from the Camp Director. No child will be admitted to camp without this form.

Name: Last: _____ First: _____
 Date of Birth: ____/____/____

EMERGENCY CONTACTS

Mother, Guardian, Co-Parent

Name: Last: _____
 First: _____
 Social Security Number: _____
 Home Phone: _____
 Business Phone: _____
 Other Phone #1: _____
 Other Phone #2: _____
 Lives with Mother: _____

Father, Guardian, Co-Parent

Name: Last: _____
 First: _____
 Social Security Number: _____
 Home Phone: _____
 Business Phone: _____
 Other Phone #1: _____
 Other Phone #2: _____
 Lives with Father: _____

Emergency Contact

Name: Last _____
 First: _____
 Relation to Camper: _____
 Home Phone: _____
 Business Phone: _____
 Other Phone: _____

Physician's Name:

City: _____
 Office Phone: _____

Dentist's Name:

City: _____
 Office Phone: _____

HEALTH HISTORY - Check and give approximate dates when applicable.

___ Measles ___ Heart Defect/Disease ___ Convulsion ___ Frequent Ear Infections
 ___ Diabetes ___ Bleeding/Clotting Disorders ___ Hypertension ___ Chicken Pox
 ___ Emotional Problems (ADD, ADHD, etc. ___)
 ___ Asthma - Will the camper be supplying his/her own inhaler? Yes No

ALLERGIES - Check all that apply.

___ Penicillin ___ Insect Stings ___ Poison Ivy ___ Hay Fever
 ___ Food allergies. Please list all foods: _____
 ___ Other. Please describe: _____

MEDICAL INFORMATION

Operations or serious injuries (dates): _____
 Chronic or recurring illness or medical condition: _____
 Dietary Restrictions: _____
 Current medications (must be in original container with physician prescription): _____
 Medication # 1 dose: _____
 Medication # 2 dose: _____
 Do you carry family medical/hospital insurance? Yes/No Carrier: _____
 Policy #: _____
 Other medical note: _____

RELEASE This statement must be signed for attendance. This health history is correct as far as I know, and the child herein described has permission to engage in all prescribed camp activities except as noted. In the event I can not be reached in an emergency, I hereby give permission to medical personnel selected by the Camp Director to order X-rays, routine tests, or treatment and to release any records necessary for insurance purposes, and to provide necessary transportation for my child. Furthermore, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. The complete forms may be photocopied for camp trips.

Signature of Parent or Guardian: _____ Date: _____

CAMPER 2 - APPLICATION

Check Camp Site: Ft. Lauderdale (BIRCH) North Miami (OLETA)

Last Name: _____ First Name: _____

Date of Birth (Mo./Day/Yr.): _____ Male Female Age at Camp: _____

School Child will attend in Fall 2010: _____ Grade entering in Fall 2010: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: (_____) _____ Carpool: Yes No

Permanent Address of Camper (if Different): _____

PLEASE put an "✓" in box for weeks needed and "✓" in AM or PM or BOTH if Extended Day is needed. You may split a session if needed (4 weeks total ANY combination). This does not include the week of Ocean Quest.

Session 1	<input type="checkbox"/> Week 1, 6/14-6/18	<input type="checkbox"/> Week 2, 6/21-6/25	<input type="checkbox"/> Week 3, 6/28-7/2	<input type="checkbox"/> Week 4, 7/5-7/9
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<i>Extended Care:</i>	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)

Session 2	<input type="checkbox"/> Week 1, 7/12-7/16	<input type="checkbox"/> Week 2, 7/19-7/23	<input type="checkbox"/> Week 3, 7/26-7/30	<input type="checkbox"/> Week 4, 8/2-8/6
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Adventure Camp	<input type="checkbox"/> 8/16-8/20	ADD ONS	<input type="checkbox"/> Family Sleepover	<input type="checkbox"/> 6/26-6/27
<i>Extended Care:</i>	<input type="checkbox"/> AM (\$20) <input type="checkbox"/> PM (\$50) <input type="checkbox"/> Both AM & PM (\$65)		<input type="checkbox"/> Starlight Sleepover	<input type="checkbox"/> 7/17-7/18
			<input type="checkbox"/> LIT (Leaders in Training) Ages 14 & 15	<input type="checkbox"/> Completed application

BUS SERVICE (BIRCH ONLY) See page 5 for details.

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Camper 2 - HEALTH AND EMERGENCY CONTACT INFORMATION

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Name: Last: _____ First: _____

Date of Birth: ____/____/____

EMERGENCY CONTACTS

Mother, Guardian, Co-Parent

Name: Last: _____

First: _____

Social Security Number: _____

Home Phone: _____

Business Phone: _____

Other Phone #1: _____

Other Phone #2: _____

Lives with Mother: _____

Father, Guardian, Co-Parent

Name: Last: _____

First: _____

Social Security Number: _____

Home Phone: _____

Business Phone: _____

Other Phone #1: _____

Other Phone #2: _____

Lives with Father: _____

Emergency Contact

Name: Last _____

First: _____

Relation to Camper: _____

Home Phone: _____

Business Phone: _____

Other Phone: _____

Physician's Name:

City: _____

Office Phone: _____

Dentist's Name:

City: _____

Office Phone: _____

HEALTH HISTORY - Check and give approximate dates when applicable.

___ Measles ___ Heart Defect/Disease ___ Convulsion ___ Frequent Ear Infections

___ Diabetes ___ Bleeding/Clotting Disorders ___ Hypertension ___ Chicken Pox

___ Emotional Problems (ADD, ADHD, etc. ___)

___ Asthma - Will the camper be supplying his/her own inhaler? Yes No

ALLERGIES - Check all that apply.

___ Penicillin ___ Insect Stings ___ Poison Ivy ___ Hay Fever

___ Food allergies. Please list all foods: _____

___ Other. Please describe: _____

MEDICAL INFORMATION

Operations or serious injuries (dates): _____

Chronic or recurring illness or medical condition: _____

Dietary Restrictions: _____

Current medications (must be in original container with physician prescription): _____

Medication # 1 dose: _____

Medication # 2 dose: _____

Do you carry family medical/hospital insurance? Yes/No Carrier: _____

Policy #: _____

Other medical note: _____

RELEASE This statement must be signed for attendance. This health history is correct as far as I know, and the child herein described has permission to engage in all prescribed camp activities except as noted. In the event I can not be reached in an emergency, I hereby give permission to medical personnel selected by the Camp Director to order X-rays, routine tests, or treatment and to release any records necessary for insurance purposes, and to provide necessary transportation for my child. Furthermore, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. The complete forms may be photocopied for camp trips.

Signature of Parent or Guardian: _____ Date: _____



Camp Live Oak 2010

1131 N.E. 45th Street, Oakland Park, FL 33334
Ft. Lauderdale: (954) 491-2917 • Miami: (305) 940-4748



Please type or print the following information

Camper #1: _____
FIRST NAME / PRIMER NOMBRE LAST NAME / PRIMER APELLIDO

Camper #2: _____
FIRST NAME / PRIMER NOMBRE LAST NAME / PRIMER APELLIDO

PLEASE MAKE CHECKS PAYABLE TO: CAMP LIVE OAK
1131 N.E. 45th Street, Oakland Park, FL 33334

Payment in full is enclosed, for all chosen sessions in the amount of \$ _____

\$100.00 deposit is enclosed for each chosen session, totaling: \$ _____

OR IF PAID BY CREDIT CARD:

Name of Card Holder: _____

Card Holder's Address: _____

Card Holder's Phone: Home: (____) _____

Work: (____) _____

Check type of card being used: MasterCard Visa

Card Number: _____

Turn card over - print 3 or 4 digit number listed above your signature: _____

Expiration Date: _____

Total to Charge: \$ _____

I hereby authorize Camp Live Oak to charge the DEPOSIT(S) for my camper(s) in the amount of \$ _____ on _____ (Date)

I hereby authorize Camp Live Oak to charge SESSION I for my camper(s) in the amount of \$ _____ on/after May 6, 2010

I hereby authorize Camp Live Oak to charge SESSION II for my camper(s) in the amount of \$ _____ on/after May 27, 2010

I hereby authorize Camp Live Oak to charge OCEAN QUEST & ADVENTURE CAMP for my camper(s) in the amount of \$ _____ on/after May 27, 2010

Signature _____ Date _____

