



KAWAGA

"As God Gave Us the Fire, So Gave He Us the Warmth of Friendship"

APPLICATION FOR 2012 ROOKIE CAMP

ROOKIE CAMPER

Last Name _____ First Name _____

DOB: _____ School: _____ Year in School _____

Circle T-shirt Size: YMed YL Adult S M L

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

EMERGENCY INFORMATION

Emergency contact name _____ Relationship _____

Home phone _____ Cell phone _____

DATES: July 15th – July 21st 2012

ARRIVAL/DEPARTURE: Rookie Camp tuition *includes* transportation to/from Camp. Leaving July 15th from **Cubby Bear Lincolnshire** parking lot at **8:45 a.m.!!** Pick up your son on **July 21st** at approximately **2 p.m. at Cubby Bear Lincolnshire.**

***** If your son is not arriving or departing via Camp provided transportation, please write how he will be arriving/departing:** _____

FEE: \$1000 per Rookie Camper – includes all meals, activities, lodging, Camp T-Shirt and transportation.

APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT

Please make checks payable to Camp Kawaga, Inc. and mail completed application and full payment to:
Camp Kawaga 1415 Larchmont Drive, Buffalo Grove, IL 60089

WAIVER

I understand that neither Camp Kawaga, Inc., the Directors, nor anyone connected with the Camp will assume any responsibility for accidents, medical, dental, or other expenses incurred as the result of accidents sustained during, or as a result of, any course of instruction given the applicants by the camp staff. It is understood and agreed that the camper shall receive all medical attention and care possible from the Camp Doctor and Nurse without charge. However, in such cases where through no fault of the Camp, outside medical service or hospitalization shall in the judgment of the Camp management, become necessary, the expense of such service shall be borne by the individual or parent of the camper.

I have read and agree to the terms outlined above.

Parent's Signature _____ Date _____