

ASCENSION SCHOOL
EPISCOPAL CAMP & CONFERENCE CENTER
P.O. BOX 278, COVE, OR 97824 541-568-4514

General Information

Name _____ Sex M F Birth date ___/___/___ Age _____ Grade in Fall _____
Last First Middle

Mailing Address _____/_____/_____
City State Zip

Camper cell phone _____ Camper email address _____

Custodial Parent/Guardian Information

Mother/Guardian Name _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Father/Guardian Name _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email Address where you would like to receive info about Ascension School _____

Emergency Contact (Other than parent/guardian) _____ Relationship to Child _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Please complete this section IF camper is 17 years or younger

This person has my permission to attend the aforementioned Ascension School activity. I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributed to gross negligence on the part of Ascension School, its employees or its agents.

X _____ Date _____
Parent or Guardian Signature

___ Check if you DO NOT give permission for photographs taken of your child to be used for camp promotions

Please complete this section IF you are 18 years old or older

I agree to hold harmless Ascension School, its employees or agents for any injury, illness, or liability, except if it should be attributable to gross negligence on the part of Ascension School, its employees or its agents.

X _____ Date _____
Attendee

2018 Youth Camps

We use a tier system when setting the cost of camp. Tier 1 is the actual cost of camp, Tier 2 is our reduced price and Tier 3 is the Tier 2 cost minus your campership amount. Please circle and pay whichever amount you are comfortable with. Please contact your local Parish or Ascension School for more information about available Camperships, or visit our website, www.coveascensionschool.com.

All fees are per person unless noted. Please check which camp(s) you will be attending. Grade is determined by the grade your child will be going into in the fall.

| Camp | Date | Grade | Tier 1 | Tier 2 | Tier 3 |
|--------------------------|--------------------|----------|---|--------|------------------|
| ___ Discovery Camp | 6/26-6/28 | Pre K- 3 | \$ 165 | \$115 | \$115-Campership |
| Accompanying Adult | | | \$ 165 | \$115 | \$115-Campership |
| Accompanying Adult _____ | Relationship _____ | | **Please fill out a separate registration form for each child and adult | | |
| ___ Senior High Camp | 7/01-7/7 | 10-13 | \$500 | \$425 | \$425-Campership |
| ___ Beginner's Camp | 7/08-7/13 | 3-5 | \$420 | \$300 | \$300-Campership |
| ___ Combined Camp | 7/15-7/20 | 4-6 | \$420 | \$300 | \$300-Campership |
| ___ Junior High Camp | 7/22-7/28 | 7-9 | \$500 | \$425 | \$425-Campership |
| ___ Wallowa Adventures | 7/29-8/03 | 8-12 | \$500 | \$425 | \$425-Campership |

Bus Information

Name and number of person(s) other than legal guardian authorized to pick up child from bus drop off:

They will be riding: ___ Round Trip ___ To Camp Only ___ From Camp Only (Please check one)

Location: ___ Bend ___ Redmond ___ Madras ___ The Dalles ___ Hermiston ___ Pendleton

Round Trip cost \$60, one way to or from camp \$45. Hermiston and Pendleton are \$45 round trip and \$37 one way

*Please see our bus information online at www.coveascensionschool.com

Store Information

T-shirt \$12 Youth: Sm. ___ Med. ___ Lg. ___ Adult: Sm. ___ Med. ___ Lg. ___ XL ___ XXL ___ T-shirt Total \$ _____

Hoodie \$25 Adult: Sm. ___ Med. ___ Lg. ___ XL ___ XXL ___ Hoodie Total \$ _____

Nalgene Water Bottle \$15 ___ Baseball Hat \$12 ___ Tote Bag \$15 ___

These store items will also be available for purchase when you arrive at camp.

Campership Information

Name of Person who authorized Local Parish Campership _____ Amount \$ _____

Name of Person who authorized Ascension School Campership _____ Amount \$ _____

Payment Information

| | |
|-------------------------------|-----------------|
| Program Cost | \$ _____ |
| *Bus Transportation | \$ _____ |
| *Store Total | \$ _____ |
| Less Campership Amount | -\$ _____ |
| TOTAL DUE | \$ _____ |
| Payment Received check# _____ | \$ _____ |
| DUE ON ARRIVAL | \$ _____ |