



**LACREOLE MIDDLE SCHOOL
6TH GRADE ORIENTATION CAMP – REGISTRATION FORM
AUGUST 22 & 23, 2018**

Student Name: _____ DOB: _____

Parent or Guardian Contact Information

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Contact Phone: _____

In the event the above person cannot be reached in an emergency during camp hours, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Special health notes or conditions of which staff should be aware:

Is your child on any medication? (circle one): No Yes If yes, please list medication:

I have read and understand the above description of the camp. Further, I understand that if my son/daughter breaks camp rules or laws of the State of Oregon, I may be called to come pick him/her up during camp. If staff is unable to contact me and if staff thinks it necessary, I give my permission for camp personnel to secure medical treatment for my son/daughter while at camp. I understand that I must assume medical expenses. I give my child permission to participate in the LaCreole 6th Grade Orientation Camp August 22 & 23, 2018.

Parent Name (print): _____

Parent Signature: _____ Date: _____

To Register: Complete this form and return it along with tuition payment of \$20, check* made payable to LaCreole Middle School, by Friday, August 10. Please drop off or mail the registration form to LaCreole Middle School, 701 SE LaCreole Dr., Dallas, OR 97338. For more information, please contact the office at 503-623-6662.

*Note: Checks received after June 11 may be held until August for deposit.