



Mental Health Solutions Focused on You

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Lil Champ Day Camp Pre-Registration Form

My Camper would like to attend the following 2022 Summer camp (choose one):

- Estherville June 6th - 9th
Spirit Lake June 13th - 16th
Sioux Center June 20th - 23rd
Sutherland July 11th - 14th
Rock Rapids July 18th - 21st
Le Mars August 1st - 4th

NOTIFICATION: For safety purposes and to practice within the scope of Lil Champ Day Camp's trainings and liabilities, campers that require moderate to high medical or developmental requirements and/or one on one staffing will be referred to our partnering camp, Camp Autumn, located in Sutherland, Iowa. https://seasonscenter.org/camp-autumn.php

Identification

Campers' Full Name: Date of birth: Age:
Nicknames or aliases: T-Shirt Size: Youth XS S M L
Home street address:
City: State: Zip:
Summer address (if different from home address):
City: State: Zip:
Home phone: Cell phone:

Parent/Guardian 1

Parent/Guardian Name: Date of birth:
Nicknames or aliases:
Home street address:
City: State: Zip:
Summer address (if different from home address):
City: State: Zip:
Home phone: Cell phone:
E-mail: Any communication restrictions?

Please mark all forms of communication we may use to contact you:

- Text E-mail Phone Call Voice Mail Mail

## Parent/Guardian 2

Parent/Guardian Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nicknames or aliases: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Any communication restrictions? \_\_\_\_\_

Please mark all forms of communication we may use to contact you:

Text

E-mail

Phone Call

Voice Mail

Mail

## Emergency Information

In the event you or another parent/guardian cannot be reached, please provide two alternate contacts.

Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

I agree that the provided information on this form is accurate to the best of my understanding. I agree that by signing below, I affirm that I hold the legal right to sign on the registered campers' behalf under Federal and State law regulations. As parent or guardian of the above registered camper, I hereby give permission for participation in programs with Lil Champ Day Camp. I agree that an electronic signature is acceptable and is to be considered as valid as an original signature. I agree that a photocopy of this form is acceptable and is to be considered as valid as the original, but it must be individually signed by me, the releaser, and a witness if necessary. I authorize Champion State of Mind, Lil Champ Day Camp and staff to contact the emergency contacts listed if Champion State of Mind, PLLC is unable to reach the listed parent and/or guardians in an emergency. I acknowledge that the registered camper is emotionally, mentally, and physically able to participate in activities at Lil Champ Day Camp and I understand there are certain risks associated with those activities. I assume the risks for the registered camper associated with those activities. I release Lil Champ Day Camp staff and volunteers from any liabilities in case of injury. I understand that I am responsible for insurance coverage for the registered camper. Lil Champ Day Camp and Champion State of Mind, PLLC have my permission to use any photographs, videos, or other media of the registered camper in promotional material. I have read and agree to the terms and conditions above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Please return completed enrollment forms to: [lilchamp@championmind.org](mailto:lilchamp@championmind.org)