



Deaf Camper Registration Form Lions Camp Merrick



Remit \$25 non-refundable registration fee along with form to:
Lions Camp Merrick, PO Box 375, Waldorf, MD 20604

Please make check payable to: **Lions Camp Merrick.**
LCM also accepts Visa, MasterCard, American Express and Discover – call for details

Participation **fees are \$425** for each weekly session and are due two weeks prior to the start of camp.
ELIGIBILITY: A child must be between the ages of six and 16 years and be **Deaf, Hard-of-Hearing (HOH)** or be **Kids of Deaf Adults (KODA a.k.a. CODA)** in order to participate as a camper.

Please appropriate session (s) and hearing ability.

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| <input type="checkbox"/> Session 1: June 22 to June 27, 2008 <input type="checkbox"/> Session 2¹: June 28 to July 3, 2008 (¹ Session 2 in 2008 deviates from the standard Sunday to Friday schedule to allow campers and their families to celebrate the July 4 th holiday together.) <input type="checkbox"/> Session 1 & 2: June 22 to July 3, 2008 (2 weeks including weekend) <input type="checkbox"/> Session 3: July 6 to July 11, 2008 | <p>Is camper Deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>KODA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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- **Sessions are filled on a first come basis** (your registration and fee holds your space)
- **Campers may not stay at the camp over the weekend between sessions 2 & 3**
- **Campers must be picked up N.L.T. noon at the end of the session, or pay a late fee**

I am interested in receiving **financial assistance** to send my child to Lions Camp Merrick. Please send sponsorship information and an application package to the address listed below (Parent or Guardian Information).

Camper Information

Camper's name _____ DOB _____ Age @ Camp _____

Sex: Male Female Nick name _____ Race _____

Camper T-shirt size: CHILD small medium large or ADULT small medium large XL other ____

Address _____ Phone () _____

City _____ State _____ Zip _____ County _____

E-mail _____ SSN² _____

Name of school attending _____ City _____ State _____

² The Social Security Number is needed for identification purposes and may be required / used in case of a medical emergency.
LCM does not and will not release any information regarding the child without the consent of the parent or guardian.

Parent or Guardian Information

Parent/Guardian _____ Relationship _____

Address _____ Phone () _____

City _____ State _____ Zip _____

E-mail _____ Cell phone () _____