

Summer Sensations Day Camp 2024

Day Rate: \$55.00

Weekly Rate: \$248

**Signing up for One Week saves you ½ a day

Build your own Summer Camp! A couple of days a week, one day each week, or all two weeks!

WEEK 1: August 12th - 16th or WEEK 2: August 19th - 23rd

Each day we will be spending time learning about science, technology, engineering, art, and math through hands-on projects all while gaining a sense of place in Ponderosa State Park!

Ages 5-11 are welcome!

PLCA4Kids will provide snacks, transportation, and any entry fees for all day trips.

Campers must bring their own lunch, water bottles, and gear!

Drop off and pick up at MOSS in Ponderosa State Park: 1800 University

Ln, McCall ID 83638

9:00 am-5:30 pm

We are welcoming 2 Counselors-in-Training,(CIT, age 12-14) per day at a halved rate. CITs will help the instructors with the everyday running of the summer program and gain experience in becoming a camp counselor. Applications can be found on plca4kids.org or by email plca4kids@gmail.com

Please indicate which days your camper will be joining us on the registration

Email <u>plca4kids@gmail.com</u> for questions Visit plca4kids.org for more info



form below. One form per camper!

\$55 per day for Day Camp \$248 per week for Day Camp

Camper's Name:				:	
Age Da	te of Birth _	Grade(24'25)			
Check each box for t	he day(s) of	attendance			
Date	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 August 12th - 16th					
Week 2 August 19th - 23rd					
Total Cost					
		Guardian Inf	ormation		
Guardian Name:		Relation:			
Guardian Email:		Guardian Phone:			
Physical Address:					
Mailing Address:					
City:		State: Zip:			
Guardian Workplace:		Phone #:			
Okay for Pick Up:					
EMERGENCY CONTACT 1)		Phone #			
EMERGENCY CONTACT 2)		Phone #			



I give permission for PLCA to share/use photos of the camper(s) for marketing purposes:

Y/N

Does your camper need any accommodation due to a disability to participate in the Summer Sensations programs? Y/N

If accommodations are needed, please contact the PLCA Director at plca4kids@gmail.com

Please list allergies, health cond Attach any additional information nee	
I, the parent/guardian of the above-named participant/cincidental, including death or permanent disability, to the absolve, indemnify, and hold harmless the Payette Lake representatives, agents, assigns, and volunteers, from any losses of whatever kind, nature, or amount suffered by sponsored, in whole or in part, by the Payette Lakes Cregistration form relates. I understand that the Payette Lake medical insurance and that this is a personal responsibil treatment. I understand that this is to prevent undue delicensed physician will be engaged for such an emergency.	conduct of the activity. I do further hereby release, is Community Association, its officers, employees, and all injuries, death, illness, disease, damages, or me or by such minor participant at any activity Community Association to which this participant's itses Community Association provides no accident or lity. I hereby give consent for emergency medical play and assure prompt treatment and that only a
Guardian's Name (Print):	Date:
Guardian's Signature:	

Email or Mail registration forms to PLCA by May 31st. Po Box 891, McCall ID 83638 or plca4kids@gmail.com

Checks payable to PLCA or Venmo payments are available to @plca4kids Please note in the payment that is it for camp and include the camper(s) names.

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