



Liberty Adventure Camp 2020

Summer Schedule

Located at Liberty Classical Academy . New Castle, CO (970) 984-0604

Tues., Wed., Thurs.

Email: www.lca-co.com

Week	Theme	Adventure Trip
1 June 9-11	Natural Wonders	ACES & the Braille Trail
2 June 16-18	Island Life	Bananas
3 June 23-25	Monet's Garden	Rock Bottom Ranch
4 June 30-July 2	Science Showdown	Western Colorado Botanical Gardens
5 July 7-9	The Great Outdoors	Glenwood Springs Adventure Park
6 July 14-16	Awesome Archeology	Aspen Art Museum & John Denver Sanctuary
7 July 21-13	Under the Sea	Glenwood Hot Springs Pool
8 July 28-30	Time Travelers	Dinosaur Museum
9 Aug. 5-7 W, Th, F	Botanical Beauties	Betty Ford Alpine Gardens
10 Aug. 11-13	Indian Summer	Ruedi Reservoir





Camper's Name _____

Liberty Adventure Camp 2020 Registration form

Hours: 8:30 am – 4:30 pm

Pre camp: 7:30am – 8:30 am \$5

Post camp: 4:30pm – 6:00 pm \$5

Tues., Wed., Thurs.: \$132.00

(Please notice the 1 week exception to Tues., Wed., Thurs.)

Tuesdays: Explorer Hikes

Wednesdays: Specials

Thursdays: Adventure Trips

☒ Please check the appropriate week. Pre/Post: \$5 for one; \$10 for both. Total for week

Week 1	June 9 th -11 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 2	June 16 th -18 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 3	June 23 rd -25 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 4	June 30 th -July 2 nd	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 5	July 7 th -9 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 6	July 14 th -16 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 7	July 21 st -23 rd	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 8	July 28 th -July 30 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 9	Aug. 5 th -7 th W, Th, F	Pre/Post Tues.____ Wed.____ Th____	Fees
Week 10	Aug. 11 th -13 th	Pre/Post Tues.____ Wed.____ Th____	Fees
Subtotal			
Please include \$50 registration fee (per family)			
Total for all fees for all checked weeks			

Please make checks payable to Liberty Classical Academy: Check # _____

CAMPER INFORMATION

Last Name _____ First Name _____
Date of Birth _____ Age _____ Hair Color _____ Eye Color _____
Address _____
City _____ State _____ Zip _____
Emergency Contact (other than parent) _____
Emergency Contact Number _____

Child's portrait

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Phone Number _____ Work Number _____ Cell Number _____

Last Name _____ First Name _____ E-mail _____
Phone Number _____ Work Number _____ Cell Number _____

Please list names of all people authorized to pick up your child from camp:

Is there anyone who is NOT authorized to pick up your child from camp?

If yes, please write their name here: _____

HEALTH INFORMATION

This information will be kept in our health binder or carried by the Camp Director when your child travels off campus.

Child's Doctor: _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Allergies (including sunscreen or bug spray brands): Yes No

If yes, please list allergen, describe the severity of the reaction, and what is done to manage them (may use back pg.)

May we serve your child food and beverages? Yes No

Does your child have Medical, Physical, or Emotional conditions (including Disabilities)? Yes No

If so, on back, please provide additional information to assist us in providing the best camp experience for your child.

Medications (including Inhaler or EPI-PEN) Yes No

*All medications must be in their original containers. Please include a label stating the child's name, directions for dosage & physician's name. Medications must be given to the Site Supervisor or Camp Director. With written parental consent, children who have asthma may carry their own inhaler, or children at risk of anaphylaxis may carry their own EPI-PEN.

Liberty Adventure Camp

Mission Statement

Liberty Adventure Camp will open up whole new worlds for individuals. Each day campers have the opportunity to challenge themselves in activities they perhaps have never tried before. Through science, gardening, art, Explorer Hikes, cooking, sports, Adventure Trips, service learning projects, art and more, children will have the chance to learn about the world they live in. Our experienced staff is dedicated to building relationships, and motivated to provide a summer like no other! Liberty Adventure Camp experience will challenge children to tap into their own gifts and strengths that God has planted with them, as they learn to appreciate the gifts and strengths of others.

Registration

Camp is open to children ages 6 – 12. Registration opens April 1st and closes May 30st. Registration packets may be picked up in person at Liberty Classical Academy or downloaded from www.lca-co.com.

Documents to be completed (**before** June 9th) for your child to attend camp:

- \$50 non-refundable registration fee per family
- completed camper registration form
- Completed camper information packet (including current photo of child)
- Signed field trip and service learning form
- Automatic payment form (if you would like the fee automatically withdrawn)

Registration Fees

Liberty Adventure Camp is a weekly 3 day camp held from 8:30 am to 4:30 pm on Tuesdays, Wednesdays and Thursdays. The cost is \$132.00 per week. There is also a pre and post camp option, mentioned below.

Fee details: You may pay for the summer in full, or have the fee automatically withdrawn each month. You may also pay each month in advance with a check however, if we are unable to process the check you must pay the balance before your child may return to camp.

Refund Policy

If you choose to remove your child from camp before the first two weeks are over, refunds will be discussed on an individual basis with the Camp Director. There will be no refunds for camp after the first two weeks.

Dates and Hours of Operation:

Liberty Adventure Camp begins Tuesday, June 8th and ends Thursday, August 13th. Notice a change in schedule Hours are from 8:30 am to 4:30 pm with a pre and post-camp option. Pre-camp: 7:30 am to 8:30 am. Fee: \$5.00. Post-camp: 4:30 pm to 6:00 pm. Fee: \$5.00. Camp Courageous is held at Liberty Classical Academy in New Castle.

Arrivals & Departures:

Campers should be dropped off & picked up on time. Before and After Care is available for \$5 per day/ per session. Before-Care is from 7:30 – 8:30 am. After- Care is from 4:30 – 6:00 pm. If you are delayed past 6:00 please call the office at 984-0604. Or call the Camp Director, or Site-Supervisor (numbers will be provided). If your child is not picked up by 6:00 pm, the following steps will be taken:

1. Parents/guardian will be called at all the listed phone numbers.
2. Emergency contacts will be called.
3. A late fee of \$10 for each 15 minutes you are late may be due at your arrival and will be assessed at the discretion of the director. This amount must be paid before your child is allowed to return to camp

An authorized person is required to sign your child in and out of camp each day. All authorized persons must present a photo ID at pickup. If an unauthorized person attempts to pick up your child, your child will not be allowed to leave. We will ask the unauthorized person to come back when you have listed them as approved to pick up the child. If he/she refuses, we will call 911. Legally we cannot deny release of a child to a natural parent unless we have a written court order regarding this.

In case of an emergency, the child will be released to a designated person, as per a verbal authorization from the parent to the camp director or site supervisor. We will ask for identification from this person if we are unfamiliar with them. The next business day the parent/guardian will be asked to add this person to their authorized list.

If you need to have your child leave camp early (dentist appointment, etc.) please sign them out and you must notify the camp director or site supervisor before taking them. Please note that on days we are on Explorer Hikes or Adventure Hikes early pick-up may not be possible. In the event we are unable to locate a child, 911 will be contacted and parents will be notified.

What to bring to camp:

1. Lunch and a Snack (Microwaves and refrigerators may not be available. Please pack accordingly)
2. Water bottle with child's name on it
3. New sunscreen with spf of 30 or higher is recommended, and bug spray to be kept at camp
4. Swim suit and towel
5. Backpack to hold all belongings
6. Lifejacket during times we swim at the lake

Campers Health and Medications:

Before the camp will issue any medication to a child we must receive parental written permission. No prescription medications will be dispensed without parental permission.

Accidental injuries will be reported to parents and authorities as needed. Our first response to a serious injury will be to call 911 and then to notify the parent as soon as possible thereafter. The child's safety and health always come first.

When Do We Stay Home?

If your child has any of the following symptoms please stay home:

1. Fever (over 100 degrees) and /or vomiting
2. Diarrhea with fever and vomiting
3. Sore throat (could be strep throat)
4. Eye infection (could be pink eye)
5. Green nasal discharge
6. Persistent crying/wheezing or difficulty breathing
7. Head lice or scabies
8. Chicken Pox, Whooping Cough, Mumps or Measles
9. Hepatitis, Salmonella, Diphtheria, Fellowships, or any other communicable disease
10. Listlessness or lethargic behavior that hinders the child's ability to participate in normal activities.

If your child becomes sick during camp, they will be separated from other campers to lie down while you are contacted to pick them up.

Adventure Trips and Explorer Hikes:

There are many fun trips planned for the summer, and the camp fee is all-inclusive. **Please have your child at camp by 8:30 on Adventure Trip days.** All children attending camp on Adventure trip and Explorer Hike days will be required to travel with the group. No campers will be left at the camp site. **On these days campers are strongly encouraged to wear their Liberty Adventure Camp t-shirt.** Campers will travel in 15 seat passenger vans and have seat belts properly fastened. Please provide a booster seat for your child if needed.

CHILD'S NAME _____

**PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY
FOR FIELD TRIP AND SERVICE LEARNING PARTICIPATION**

I, _____, am the parent/guardian of _____
a camper at Liberty Adventure Camp.

Please initial one of the following:

_____ I give permission for my child to participate in all the field trip/service learning activities
associated with Liberty Adventure Camp.

_____ I do not give permission for my child to participate in the field trip/service learning activities
associated with Liberty Adventure Camp.

In consideration for the right to participate in field trips or service learning activities, I hereby agree to the following: I understand that any recreational activity, including the ones associated with Liberty Adventure Camp, involve certain risks to personal safety and property or the safety and property of others. I agree that it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I hereby waive any claim, action, cause of action, liability, suit, and expenses of any kind or nature I might have against Liberty Adventure Camp, Liberty Classical Academy, its Board, employees, and representatives arising out of injury, property loss or damage from participation in this activity. Furthermore, I hereby agree to release and hold harmless the camp and school from any claim brought by a third party due to my participation in this activity. As I am signing this agreement on behalf of a minor child, I understand that the foregoing agreements and waivers apply equally to the child.

Parent/Guardian signature: _____

Date: _____

CHILD'S NAME: _____

Liberty Classical Academy/ Liberty Adventure Camp

Authorization Agreement for Automated Payments (Debits)

I (we) hereby authorize Liberty Classical Academy to initiate debit entries to my (our) account indicated below from the bank named below, hereinafter called Depository, for the purpose of paying Liberty Classical Academy fees and tuition

Depository (Bank) Name

Bank Branch

City of Depository

State and Zip Code of Bank

Routing Number

Account Number

Three Day (Tuesday, Wednesday, Thursday) \$125.00 per child

Type of Account: circle one: Checking Savings

The Liberty Classical Academy will debit only school (camp) related fees. Debits resulting in insufficient funds will be assessed a \$40 late fee per each debit attempt. This authority is to remain in full force until September 1, 2020. *The board reserves the right to waive any and all fees on a per case basis.*

Enrollment date: _____ **FA received:** Y/N **Registration fee applicable:** Y/N

Parent Name: _____ **Signature of Agreement:** _____

Social Security Number: _____ **Date:** _____

For office use only

ACH Debit Chart

Child(ren)	Amount	Other

Month	Amount	Status
June		
July		
August		