

COLUMBIA ADVENTIST ACADEMY

Camps (Girls and Boys)

Kodiak Cubs (grades K-2)	June 19-23	9:00am-11:00 am
Future Kodiaks (grades 3-6)	June 19-23	11:00am-1:30 pm

Cost: \$85 includes camp t-shirt (multiple student discount available)

***\$25 deposit necessary for reservation.**

This camp will be about playing and having fun with friends and meeting new ones. We will play different games and fun activities. From dodgeball to water balloons. Daily refreshments will be provided.

Camp Registration

Kodiak Cubs	\$85
Future Kodiaks	\$85

Multiple Child Disc.(\$10/kid) Total _____

Medical Release Wavier

I hereby Authorize the directors of Kodiak Camps to act for me according to their best judgement in any case of emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp. I have read and understand the conditions set forth in this statement..

Signature: Parent/Legal Guardian

Campers' Insurance Policy#

Emergency Contact Numbers

11100 NE 189th St, Battleground, WA 98604

Phone: 360--687-3161

Email: Jay.pierce@caaschool.org

Please complete registration and return in to Columbia Adventist Academy office or give to Jay Pierce

Camper Name Grade Camp

Camper Name Grade Camp

Camper Name Grade Camp

Name (Parent/Legal Guardian)

COLUMBIA ADVENTIST ACADEMY

Camps (Girls and Boys)

Kodiak Cubs (grades K-2)	July 10-14	9:00am-11:00 am
Future Kodiaks (grades 3-5)	July 10-14	11:00am-2:00 pm
Future Kodiaks (grades 6-12)	July 10-14	2:00pm-5:00 pm

Cost: \$85 includes camp t-shirt (multiple student discount available)

*\$25 deposit necessary for reservation.

Camp will cover individual fundamentals of basketball along with team concepts of defense and offense. Student will be taught Christian aspect of athletics along with learning teamwork, confidence and having fun. Daily refreshments will be provided.

Camp Registration

Kodiak Cubs	\$85
Future Kodiaks	\$85
Kodiaks	\$85
Multiple Child Disc.(\$10/kid) Total	_____

Medical Release Wavier

I hereby Authorize the directors of Kodiak Camps to act for me according to their best judgement in any case of emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp. I have read and understand the conditions set forth in this statement..

Camper Name	Grade	Camp
-------------	-------	------

Signature: Parent/Legal Guardian

Camper Name	Grade	Camp
-------------	-------	------

Campers' Insurance	Policy#
--------------------	---------

Camper Name	Grade	Camp
-------------	-------	------

Emergency Contact Numbers

11100 NE 189th St, Battleground, WA 98604

Phone: 360--687-3161

Email: Jay.pierce@caaschool.org

Name (Parent/Legal Guardian)

Please complete registration and return in to Columbia Adventist Academy office or give to Jay Pierce

KODIAK SOCCER CAMP 2017

Camps (Girls and Boys)

Kodiak Cubs (grades K-2)	July 24-28	9:00am-11:00 am
Future Kodiaks (grades 3-5)	July 24-28	11:00am-2:00 pm
Kodiaks (grades 6-12)	July 24-28	2:00pm-5:00 pm

Cost: \$85 includes camp t-shirt (multiple student discount available)

*\$25 deposit necessary for reservation.

Camp will cover individual fundamentals of soccer along with team concepts of defense and offense. Student will be taught Christian aspect of athletics along with learning teamwork, confidence and having fun. Daily refreshments will be provided.

Camp Registration

Kodiak Cubs	\$85
Future Kodiaks	\$85
Kodiaks	\$85
Multiple Child Disc.(\$10/kid) Total	_____

Medical Release Wavier

I hereby Authorize the directors of Kodiak Camps to act for me according to their best judgement in any case of emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp. I have read and understand the conditions set forth in this statement..

Camper Name	Grade	Camp
-------------	-------	------

Signature: Parent/Legal Guardian

Camper Name	Grade	Camp
-------------	-------	------

Campers' Insurance	Policy#
--------------------	---------

Camper Name	Grade	Camp
-------------	-------	------

Emergency Contact Numbers

11100 NE 189th St, Battleground, WA 98604

Phone: 360--687-3161

Email: Jay.pierce@caaschool.org

Name (Parent/Legal Guardian)

Please complete registration and return in to Columbia Adventist Academy office or give to Jay Pierce