



2020 Camp Registration Form



All paperwork and payments must be submitted to LPB.
Payment must be made two weeks prior to the first day of camp.
Camps are 9 AM-12 NOON Daily.

Return in person, fax, e-mail or mail:
ntooraen@lpb.org
Fax: (225) 767-4299
LPB Summer Camps
c/o Nancy Tooraen
7733 Perkins Road
Baton Rouge, LA 70810

June 8-12, 2020

On June 1, 2020, my camper will be:
4 Years Old 5 Years Old

CAMPER INFORMATION

FIRST NAME	LAST NAME
NICKNAME	DATE OF BIRTH: mm/dd/yyyy
GENDER (CHECK ONE):	MALE FEMALE
ADDRESS	
CITY STATE ZIP	LPB KIDS CLUB MEMBER? YES NO

PARENT/GUARDIAN INFORMATION

1) PARENT/GUARDIAN NAME	DAY PHONE
ADDRESS (If different)	EVENING PHONE
CITY STATE ZIP	MOBILE PHONE

2) PARENT/GUARDIAN NAME	DAY PHONE
ADDRESS (If different)	EVENING PHONE
CITY STATE ZIP	MOBILE PHONE

EMERGENCY CONTACT

(Other than primary two parent/guardians listed)

1) EMERGENCY CONTACT NAME	DAY PHONE
RELATIONSHIP TO CAMPER	EVENING PHONE
	MOBILE PHONE

2) EMERGENCY CONTACT NAME	DAY PHONE
RELATIONSHIP TO CAMPER	EVENING PHONE
	MOBILE PHONE

MEDICAL INFORMATION

I, the undersigned parent/guardian, hereby grant Louisiana Educational Television Authority (LETA) and its camp counselors, the authority to obtain medical treatment in emergency circumstances, including treatment by physicians, hospital and clinical personnel, and other appropriate health care providers for my child listed on this form.

Pediatrician's Name:	Pediatrician's Phone:
Preferred Hospital (if possible):	Insurance Provider:
Policy/Group Number:	Name of Insured:
Any known food or drug allergies:	
Other pertinent medical information:	

INDIVIDUALS AUTHORIZED FOR PICK---UP

Please include primary parents/guardians Indicate all individuals authorized for pick---up including parents, guardians, babysitters, grandparents, etc.:

NAME	RELATIONSHIP TO CAMPER	DRIVER'S LICENSE OR ID # (REQUIRED)
1)		
2)		
3)		
4)		
5)		
6)		

The only individuals who may pick up a child from camp are those listed for authorized release. Staff will not release a child to anyone not listed on this form without additional written instructions from the parent/legal guardian. In order to keep your child safe at all times, ALL parents, guardians, or friends (approved to pick up children at the end of the camp day) MUST present their driver's license or picture ID in order to pick up the child. We will not release a child to a parent or other authorized person without an ID as listed on the form.

TALENT RELEASE

IN CONSIDERATION for my voluntary participation in the above projects produced by the Louisiana Educational Television Authority (LETA), I agree that I am to receive no compensation, financial or otherwise.

I further agree that my participation in the above entitled projects confers upon me no rights of use, ownership, or copyright whatsoever of the video content.

I release LETA and its employees, agents and assigns from all liability for any claims by me or any third party in connection with my participation in the above titled projects.

I confirm that any and all material furnished and/or performed by me for the above titled projects is either my own or otherwise authorized for such use without obligation to me or to any third party. I also agree to the use of my name, likeness, portrait or pictures, voice, performance and biographical material about me for projects, video productions, webcasts, websites, programs and program-related promotional purposes.

LETA reserves full distribution rights to its video, programs and all related materials, through any and all forms of duplication, both in the United States and all foreign markets.

I understand that LETA will determine any and all uses of my appearance/performance in the above titled projects and any derivations. I do hereby agree and consent to appear on the above mentioned projects.

By signing below, I indicate that I have read, understand, and agree to abide by Louisiana Educational Television Authority's agreements, authorizations, policies, and procedures detailed in this document.

PARENT/GUARDIAN SIGNATURE	DATE
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