

National Leadership and Literacy Camp

Application & Tuition Agreement Form

Check which session(s) you are applying for:

- High School NLLC** • June 27 – July 10, 2010 (\$575) (9th – 12th graders) **Middle School NLLC** • July 11 – 24, 2010 (\$500) (5th – 8th graders)

Full Name of Applicant (please print): _____

School: _____ Grade as of May 2010: _____

Age: _____ Date of Birth: _____ Camper's E-mail: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Fax #: _____ Videophone: _____

Parent's E-mail: _____ Parent's Pager: _____

Gender: ___ Female ___ Male T-Shirt size (Adult): S M L XL XXL (circle one)

Circle one: Deaf Hard of Hearing CODA Circle your sign language skills: excellent good fair

Check your school setting: ___ Deaf School ___ mainstream program ___ inclusion setting in local school

Check here if you are a former NLLCer: ___ Yes What year?: _____

Special deal on SIGNews subscription — only \$10 for one full year. Interested? Yes or No

I wish to send my child (print full name): _____

to the 2010 National Leadership and Literacy Camp. My \$75 (nonrefundable after June 11, 2010) registration fee payment (for each session) and TWO written recommendations are enclosed. NOTE: Former NLLCers are waived from doing the recommendation letters. I agree to make the payment of \$500 for the High School NLLC Session or \$425 for the Middle School NLLC Session to cover the remaining tuition fee on or before June 11, 2010. Camp Lakodia will refund 100% of camper registration fees if requested prior to June 1st. After June 11th camper registration fees will only be refunded in the event of serious illness or death of the camper or a member of the camper's immediate family (mother, father, grandparent or sibling). I also agree to have my child receive a medical evaluation. Users, or their parents or guardians, are responsible for providing health insurance coverage while attending camp sessions. As further disclaimed herein, Camp Lakodia will not be held liable for any injuries at Camp. I give permission for my child to participate in the camp activities. I understand that I will be held responsible for the cost for any damage caused by my child. My child has my permission to participate in scheduled field trips and my child can be photographed, video-taped or interviewed for research and/or promotional purposes (names will be kept anonymous) during the camp sessions.

Signature of Parent/Guardian

Date

** Medical form and additional forms will be mailed to you as soon as we receive this application form. **

rev. 1/13/10

Registration Contact:

Kristen Hicks
National Leadership
& Literacy Camp
102 N. Krohn Place
Sioux Falls, SD 57103
Voice: 800-642-6410
E-mail: nllc@c-s-d.org
Fax: 605-367-5958

