

# 2024 SUMMER CAMP REGISTRATION FORM

(PLEASE PRINT ALL INFORMATION CLEARLY IN BLUE OR BLACK INK ONLY)

Camper Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone(s) #: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent/Guardian Work Phone(s): \_\_\_\_\_

## Emergency Contact: (NOT PARENT/GUARDIAN)

\_\_\_\_\_ Phone \_\_\_\_\_

Child resides with: \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other

List of **AUTHORIZED PERSONS** who may pick up your child:

**Not the parent(s) or emergency contact, three others!**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**IF THERE ARE SPECIAL INSTRUCTIONS, SUCH AS CUSTODY OR RESTRAINING ORDERS, IT MUST BE ATTACHED TO THIS FORM AND DISCUSSED PERSONALLY WITH THE CAMP DIRECTOR. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

# 2024 CAMPER INFORMATION FORM

*Please print all information clearly.*

Name of camper: \_\_\_\_\_

Camper lives with: \_\_\_\_\_

Does your camper have siblings? YES/NO

If so, please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

Will a sibling(s) be in camp with your child? YES/NO

Is this your child's first experience with camp? YES/NO

If no, how many years has your child attended summer camps? \_\_\_\_\_

Is your child "*Water Confident*"? YES/NO \_\_\_\_\_ Skilled \_\_\_\_\_ Beginner

What does your child enjoy doing? \_\_\_\_\_

\_\_\_\_\_

Please describe your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please let us know any other information important for us to know to better serve child and enhance their camp experience.

**2024 PARENT AUTHORIZATION FORM**  
**PLEASE INITIAL/SIGN ALL INFORMATION CLEARLY.**

NAME OF CAMPER: \_\_\_\_\_

Although the **WBC/DWD** does not discriminate on any basis, we do reserve the right at its sole discretion to refuse any application or dismiss a child from camp. **NO REFUND WILL BE MADE OF FEES IF THE CHILD HAS ATTENDED ANY PART OF THE CAMPING PERIOD.**

I give **WBC/DWD** permission to *photograph* and/or *videotape* my child for public relations and/or marketing purposes. Photos will remain archived at the **WBC/DWD** and can be used for promotional purposes without notification. \_\_\_\_\_ (Initial)

I give permission for **WBC/DWD** to *transport* my child off camp property for the purpose of trips or medical care. I understand that a schedule of events will be available to me and that all events are schedule to change due to weather and/or scheduling conflicts without notice. \_\_\_\_\_ (Initial)

I give **WBC/DWD** permission to *search* my child's belongings with the camper present, if a safety investigation requires it. \_\_\_\_\_ (Initial)

I give my child permission to *participate* in all camp activities unless otherwise indicated on Camper Medical form. \_\_\_\_\_ (Initial)

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper. I am responsible for the expenses involved, if the services of a physician or hospital are required. \_\_\_\_\_ (Initial)

HOSPITAL PREFERRED \_\_\_\_\_

***Note: We will try our best to honor the preference. However, if an emergency occurs, we will take your child to the nearest triage facility!***

Please notify the camp director if your child has been recently exposed to any communicable disease(s) or out of country visits in the weeks before camp, or will do so during any part of the encampment period.

**I have read, understand, and agree to the above terms.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian's FULL Signature)

# 2024 CAMPER MEDICAL INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY.

The medical background of each camper is **required** as part of the camp's registration process. THE CAMP DIRECTOR MUST BE **ADVISED IN WRITING** OF ANY CONDITION OUTSIDE OF THE CAMPER'S STANDARD ABILITY TO PARTICIPATE IN ANY PART OF THE PROGRAM.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*\*A copy of last physical and immunizations must accompany this form!!!\*\*\***

Date of last physical \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**Existing medical conditions:**

**PHYSICAL** \_\_\_\_\_

**PSYCHOLOGICAL/BEHAVIORAL/EMOTIONAL** \_\_\_\_\_

Does your child have an **IEP** in school? YES/NO

Does your child have a **504 Behavioral Plan** in school? YES/NO

If so, please explain on the back of this form.

List of past medical treatments \_\_\_\_\_

List all current medications (Regardless of whether it needs to be taken at camp or not).

Will your child need to take prescription medications at camp? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please request a *medical dispensing form*. Return the form and medication in a ziplock bag with your child's name on it on the first day of camp.

Allergies: (PLEASE PUT N/A IF YOUR CHILD DOES NOT HAVE ALLERGIES!)

FOOD \_\_\_\_\_

MEDICATION \_\_\_\_\_

INSECT \_\_\_\_\_

OTHER \_\_\_\_\_

Does your child have an **Epi-pen**? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for HEALTH reasons: \_\_\_\_\_