

# REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2012

## Please Select a Program:

**Junior Boot Camp**

(Grades 4-7 & must be age 9 by Sept. 1, 2012)

**Teen Camp**

(Grades 7-12 & must be age 12 by Sept. 1, 2012)

## Please Select a Week:

- June 4-9
- June 11-16
- June 18-23
- June 25-30
- July 2-7
- July 9-14
- July 16-21
- July 23-28
- July 30-Aug. 4
- Aug. 6-11

Junior Speaker

Herbster  
Roberts  
Roberts  
Dunlop  
Frazor  
Herbster  
Roberts  
Roberts  
B. Farrell  
Herbster/Roberts

Teen Speaker

Tozour  
T. Farrell  
Gleiser  
DeGarde  
Schettler  
Pettit  
Herbster  
T. Farrell  
Brownfield  
Galkin

Name \_\_\_\_\_

Grade in Sept. 2012 \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Check this box if you do NOT want to receive periodic updates regarding the ministry of THE WILDS.

My choice to room with \_\_\_\_\_

(One choice only, first and last name, see \*Grade Level Breakdown)

Church name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pastor \_\_\_\_\_

- Male Camper

Female Camper

Adult Sponsor
- Church Group

Individual

Office Use Only

\_\_\_\_\_

Pd \$ \_\_\_\_\_

Reservations are confirmed when the completed registration form and the required **nonrefundable \$50 deposit** are received in our office.

**To contact us: BEFORE May 23, 2012:**

THE WILDS • PO Box 509 • Taylors, SC 29687-0009

Phone: (864) 331-3286 • Fax: (864) 331-3285

E-mail: [tw.summer.camps@wilds.org](mailto:tw.summer.camps@wilds.org)

**AFTER May 23, 2012:**

THE WILDS • 1000 Wilds Ridge Road

Brevard, NC 28712-7273

Phone: (828) 884-7811 • Fax: (828) 862-4813

E-mail: [tw.summer.camps@wilds.org](mailto:tw.summer.camps@wilds.org)

**\*Grade Level Breakdown:**

7-9<sup>th</sup> Grade • 9-11<sup>th</sup> Grade

10-12<sup>th</sup> Grade • 11<sup>th</sup>-2012 Grad

## Signatures Required for application to be processed

"I have read the general information section in this brochure, and I agree to comply with the dress and conduct regulations while at camp."



Signature of camper

"I have read the general information section in this brochure, and I agree to support THE WILDS in their dress and conduct regulations for my child while at camp. I also give permission to use photos including the camper in camp publicity. In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct."



Signature of parent or guardian

Father's name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Business  Cell  Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Business  Cell  Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**All registrations are processed in the order they are received. To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.**

Charge \$50 Deposit (nonrefundable)  Charge Total Amount



Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ CV# \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

## Medical Information

*Please print clearly.*

Camper's physician \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Each camper must be immunized against the following according to H.H.S. standards: polio, measles, mumps, rubella, diphtheria, tetanus, whooping cough.

Date of last tetanus shot (within last 10 years) \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

Reasons for taking medication \_\_\_\_\_

**Specific Allergies:**

Medication \_\_\_\_\_

Insects \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Type of allergic reaction \_\_\_\_\_

Treatment given \_\_\_\_\_

Preexisting medical conditions \_\_\_\_\_

Specific activities to be restricted \_\_\_\_\_

Reason for restriction \_\_\_\_\_