

# REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2010

## Please Select a Program:

- Junior Boot Camp**  
(Grades 4-7 & must be age 9 by Sept. 1, 2010)
- Teen Camp**  
(Grades 7-12 & must be age 12 by Sept. 1, 2010)

## Please Select a Week:

- June 7-12
- June 14-19
- June 21-26
- June 28-July 3
- July 5-10
- July 12-17
- July 19-24
- July 26-31
- August 2-7
- August 9-14

### Junior Speaker

Herbster  
Roberts  
Roberts  
Dunlop  
Dunlop  
Roberts  
B. Farrell  
Roberts  
Galkin  
Roberts

### Teen Speaker

Farrell  
Galkin  
Tozour  
Herbster  
Farrell  
Brownfield  
Farrell  
Gleiser  
Hummel  
Pettit

Name \_\_\_\_\_

Grade in Sept. 2010 \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

E-mail (sponsors only): \_\_\_\_\_

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 \$40 deposit** are received in our office.

**To contact us: BEFORE May 26, 2010:**  
THE WILDS • PO Box 509 • Taylors, SC 29687-0009  
Phone: (864) 331-3286 • Fax: (864) 331-3285  
E-mail: tw.summer.camps@wilds.org

**AFTER May 26, 2010:**  
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

**\*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>-2010 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. 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

"I also give permission to use photos including the camper in camp publicity."



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 \$40 Deposit (nonrefundable)  Charge Total Amount



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

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

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 \_\_\_\_\_

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 \_\_\_\_\_