

2019 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.

2019 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)

2019 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: _____

2019 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.