

Camper Registration Form ~ 2024



Camper's Name _____ Camper's preferred name _____

Date of Birth ____/____/____ Age at camp _____ Gender: M__ F__ Grade this fall _____

T-shirt size: (*child*) [] S [] M [] L (*adult*) [] S [] M [] L [] XL [] XXL (*dbl check the size ~ no exchanges once ordered*)

Parent's or Legal Guardian's Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phones () _____ () _____

Work Phones () _____ () _____

Parent's email _____ Camper's email _____

Church attending _____ Pastor _____

Has camper been to camp before? _____ Has camper ever been away from home more than 2 nights? _____

Does the camper have any health problems that the counselor should be aware of? _____ If yes, please describe

Is there anything you think the counselor should know to help your child in any way?

One thing your camper would like to ask God is . . . _____

Check the personality traits which describe your camper:

- [] Shy [] Cheerful [] Strong-willed [] Sensitive [] Calm [] Easygoing [] Alert [] Restless [] Moody [] Aggressive
[] Cooperative [] Uncooperative [] Other

Base Camp going into grades 1 - 3, Explorer Camps going into grades 4 - 6,
Adventure Camps going into grades 7 or 8, Summit Camp going into grades 9-12,

Please check the appropriate box indicating the week(s) your student will be attending:

[] June 30-July 2 / Base Camp (1,2 or 3rd) / \$115

[] June 10-15 / Explorer Camp I (4,5,&6th)

[] June 17-22/ Adventure Camp I (7th-8th) / \$245

[] June 24-29 / Explorer Camp II (4,5&6th) / \$245

[] July 08-13 / Adventure Camp II (7th-8th) / \$245

[] June 17-22 / Summit Camp I (9th-12th) / \$245

[] July 08-13 / Summit Camp II (9th-12th) / \$245

Registrations due by May 15, 2024

Late fee of \$20 will be assessed to registrations received on or after May 16, 2024

\$15 discount for additional siblings attending a camp

Make Checks payable to WABASH CONFERENCE. Indicate which camp and camper's name on memo line

Mail to:
WPC&RC
Attention Deana Hayes
Scott Lefler
304 E. CR 650 S
Clay City, IN 47841

____ Photos of my child may be used for promotional use

Cabin Mate Request _____

Counselor Request _____

Camper Health Form ~ 2024



To be completed and signed by parent or guardian.

Please print

Camper's Name _____ Date of Birth ____ / ____ / ____

Age at camp _____ Gender: M ___ F ___ Grade fall of '23 _____

Parent's or Legal Guardian's Names _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phones () _____ () _____

Work Phones () _____ () _____

Family Physician _____ Physicians Phone () _____

Does your child currently take prescription or non-prescription medication on a regular basis? _____ yes _____ no

If yes, please bring medication in its **original container** with clearly marked instructions to administer at camp.

Will your child have medication that requires refrigeration? _____

"I give my permission to the camp nurse to administer the following medication to my child for the following complaints."

Headache, muscle ache, or sports injury:

Aspirin _____ yes _____ no

Acetaminophen _____ yes _____ no

Ibuprofen _____ yes _____ no

Upset stomach

Antacid (Maalox) _____ yes _____ no

Severe allergic reaction (swelling, itching, hives)

Diphenhydramine (Benadryl) _____ yes _____ no

Contact Lenses _____ yes _____ no Tetanus Immunization Date: _____

Other information that would be helpful to the camp nurse while your child is at camp? _____

Our family insurance coverage is _____ Policy # _____

Policy Holder's Name _____

*Please attach a photo static copy of your health insurance card.

PARENTS AUTHORIZATION I (we) herewith authorize any representative of Wabash Park Camp & Re-treat Center to request and consent in writing or otherwise as requested by Union Hospital, Inc. (Terre Haute, IN.), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney - In-Fact to sign said requests and consents as fully as though I myself did so. This consent is effective from 6/1/23 - 7/31/23. I hereby release the Wabash Conference of the Free Methodist Church, Camp Wildwood as well as WPC&RC and/or its personnel from responsibility in case of sickness and/or accident while he/she attends camp. I hereby grant my permission for my child to be transported by bus or vehicle to nearby facilities that are included in camp programming. I acknowledge that I understand the potential risk and the activities involved in youth camping.

Signed: _____
(Parent or Legal Guardian)

Date: _____

(Note: This document must be signed and dated for the registration to be accepted)

Does your child have:

Allergies? _____ yes _____ no

Please specify: _____

Asthma? _____ yes _____ no

Diabetes? _____ yes _____ no

Other? _____