

WISCONSIN LAND AND WATER CONSERVATION CAMP

Camper Information and Registration Form

Full Name of Camper:

Nickname:

Address:

City:

State:

Zip:

County:

Current Grade in School:

Daytime Phone: ()

Evening Phone: ()

Camper's Birthday:

Age:

Sex:

mm/dd/yy

Father's Name:

Work Phone: ()

Mother's Name:

Work Phone: ()

Persons Authorized to Pick Up Camper (include relationship to camper):

MEDICAL INFORMATION

Camper's Physician:

Telephone: ()

Immunization History:

Diphtheria-Tetanus-Pertussis

First Dose (month/day/year):

Second Dose:

Third Dose:

Please list all current medications and/or medical problems which Camp Director should be made aware of:

Health Insurance is the Responsibility of the Parent or Guardian

Health Insurance Carrier:

Policy Number:

Can your Child Swim?

Yes

No

Ability:

Any Special Instructions for Staff:

Any Dietary Concerns:

In order to assure that everyone has the best experience at WLWCA Camp, we have developed some guidelines that we must insist our campers follow:

1. Stay with your group.
2. Cabins are off limits except to those individuals assigned to them.
3. Be on time for all activities.
4. No radios or tape/cd players.
5. Respect other campers' property.
6. Firearms, explosives, knives, alcoholic beverages, and illegal drugs are not allowed on camp premises. Counselors have the right to search all belongings. Denying a search is reason for dismissal from camp.
7. Swimming and boating are not allowed without a qualified lifeguard on duty.
8. During swimming and boating activities, the "buddy" system will be strictly enforced.
9. Breakage or loss of equipment will be charged to the user.

We understand that First Aid will be available at the camp, that the campers will be closely supervised, and that if a serious illness or injury develops medical and/or hospital care will be given; however, the camp staff is not to be held responsible in case of accidental injury or illness. We further understand that in case of serious injury or illness the parent or guardian will be notified; but, if it is impossible to make contact, we give our permission for emergency treatment or surgery as recommended by the attending physician.

We also understand that if any camp rules (above) are broken, the parent or guardian will be called to come and pick up the camper at any time of day or night at their expense.

I AUTHORIZE MY CHILD TO TAKE PART IN ALL CAMP ACTIVITIES INCLUDING BUS, FIELD AND CANOE TRIPS.

Please be sure to complete both camper and parent signatures!

Signed:

Parent/Guardian

Date

Camper

Date

Please enclose a current photograph.