

REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2008

Please Select a Program:

- Junior Boot Camp**
(Grades 4-7 & must be age 9 by Sept. 1, 2008)
- Teen Camp**
(Grades 7-12 & must be age 12 by Sept. 1, 2008)

Please Select a Week:

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> June 9-14
<input type="checkbox"/> June 16-21
<input type="checkbox"/> June 23-28
<input type="checkbox"/> June 30-July 5
<input type="checkbox"/> July 7-12
<input type="checkbox"/> July 14-19
<input type="checkbox"/> July 21-26
<input type="checkbox"/> July 28-August 2
<input type="checkbox"/> August 4-9
<input type="checkbox"/> August 11-16
<i>(Teen Camp only)</i> | Junior Speaker
Roberts
B. Farrell
Roberts
Dunlop
Dunlop
DeGarde
Roberts
Roberts
Wessberg | Teen Speaker
T. Farrell
Gleiser
Goetsch
T. Farrell
Galkin
Herbsters
T. Farrell
Pettit
Tozour
Smith |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|

Name _____

Grade in Sept. 2008 _____

Age _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____

E-mail (sponsors only): _____

My choice to room with _____
(One choice only, same grade or one grade higher or lower—first and last name, please!)

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** \$25 deposit are received in our office.

To contact us: BEFORE May 28, 2008:

THE WILDS
 PO Box 509
 Taylors, SC 29687-0009
 Phone: (864) 331-3286
 Fax: (864) 331-3285

AFTER May 28, 2008:

THE WILDS
 1000 Wilds Ridge Road
 Brevard, NC 28712-7273
 Phone: (828) 884-7811
 Fax: (828) 862-4813

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."

 Signature of parent or guardian

"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 _____

To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

Enclosed with this registration form is:
 \$25 Deposit (**nonrefundable**) Total Amount Enclosed \$ _____

VISA or _____ Exp. _____
 MC Number _____ Date _____

Print name as it appears on card _____

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 _____