



# CAMPER CIT IN TRAINING

CIT is our most rigorous training program for teens. During the first week, there are basic sessions packed with valuable lessons and personal evaluations that explore a camper's Christian growth. The second week features more classes plus a leadership role among the other campers. This important program is designed for young people who are committed to Christ, are 16 years of age or older, are entering at least the 11th grade, and who want a true leadership challenge.



## REGISTRATION INFORMATION

CIT participation is by invitation after we receive completed application and recommendation forms. All paperwork needs to be returned to us by December 31, 2016. Forms are available at [www.wilds.org](http://www.wilds.org) or please contact:

### THE WILDS

PO Box 509  
Taylors, SC 29687-0009  
Phone: (864) 331-3286  
Fax: (864) 331-3285  
E-mail: [tw.summer.camps@wilds.org](mailto:tw.summer.camps@wilds.org)

## SCHEDULE

June 19-July 1	Matt Herbster Sam Horn Willie Partin	  
July 3-15	Jim Berg Ken Collier Willie Partin	  
July 17-29	Joe Fant Sam Horn Willie Partin	  

## COST

CIT program: \$560

Check-in: ..... 2:30-4:30 p.m. Monday

Program ends: ..... 9:00 a.m. Saturday after breakfast



# REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2017

## Please Select a Program:

- Junior Boot Camp**  
(Grades 4-7 & must be age 9 by Sept. 1, 2017)
- Teen Camp**  
(Grades 7-12 & must be age 12 by Sept. 1, 2017)

## Please Select a Week:

- |  | Junior Speaker   | Teen Speaker |
|--|------------------|--------------|
| <input type="checkbox"/> June 5-10     | Herbster/Roberts | Farrell      |
| <input type="checkbox"/> June 12-17    | Herbster/Roberts | Pettit       |
| <input type="checkbox"/> June 19-24    | Herbster/DeGarde | Skelly       |
| <input type="checkbox"/> Jn. 26-Jl. 1  | Herbster/Roberts | Kittrell     |
| <input type="checkbox"/> July 3-8      | Herbster/Roberts | Gleiser      |
| <input type="checkbox"/> July 10-15    | Herbster/Roberts | Herbster     |
| <input type="checkbox"/> July 17-22    | Egerdahl/Roberts | Galkin       |
| <input type="checkbox"/> July 24-29    | Herbster/Roberts | Farrell      |
| <input type="checkbox"/> Jl. 31-Aug. 5 | Gleiser          | Herbster     |
| <input type="checkbox"/> Aug. 7-12     | Herbster/Roberts | Gleiser      |

Name \_\_\_\_\_

Grade in Sept. 2017 \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_

E-mail: \_\_\_\_\_

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  
 Male Sponsor  
 Female Sponsor

- Church Group  
 Individual

Office Use Only

Pd \$ \_\_\_\_\_

Reservations are confirmed when the completed registration form and the required **nonrefundable \$50 deposit** are received in our office.

### Contact Info:

The Wilds • PO Box 509 • Taylors, SC 29687-0009  
 Phone: (864) 331-3286 • Fax: (864) 331-3285  
 E-mail: tw.summer.camps@wilds.org

### Use this address AFTER May 24, 2017:

The Wilds • 1000 Wilds Ridge Road  
 Brevard, NC 28712-7273

### \*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>-2017 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. I also give permission for the camper to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity. 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 \_\_\_\_\_

**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 \$50 Deposit (nonrefundable)  Charge Total Amount



Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_