

Registration Form for The Wilds Family Camp August 5-10, 2024

Rev./Dr./Mr./Mrs. _____ DOB* ____/____/____

*Collected for medical/legal purposes

Spouse's first name (if attending) _____ DOB ____/____/____

Names of children attending Family Camp	Grade Sept. 2024	Date of birth	Gender	Grade Sept. 2024	Date of birth	Gender
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F
_____		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____
 Business Cell Home

Church Name _____

City _____ State _____

Accommodations: Give 1st, 2nd, and 3rd choices.

Inn
(families of four or fewer; linens provided)

 Lodge
(families of five or six; linens provided)

 Duplex
(families of ten or fewer; please bring linens)

If possible, we would like to be housed near _____

A \$100 registration fee must accompany this form. Registration fees are refundable or transferable only if we are notified of the cancellation 60 days before the program begins. **To register online, go to www.wilds.org/register. Alternatively, you can fax or mail the form with your check or credit card information.**

Charge \$100 reg fee
 Charge Total Amount
 
 
 

Card Number _____

Exp. Date _____ CVV# _____ Billing Zip Code _____

Print name as it appears on card _____

Signature of cardholder _____

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 22, 2024:
 The Wilds • 1000 Wilds Ridge Road
 Brevard, NC 28712-7273

Office Use Only

Pd \$ _____

Due \$ _____

REGISTRATION FORM FOR TEEN & JUNIOR CAMPS 2024

Please Select a Program:

- Junior Boot Camp**
(Grades 4-7 & must be age 9 by Sept. 1, 2024)
- Teen Camp**
(Grades 7-12 & must be age 12 by Sept. 1, 2024)

Please Select a Week:

- | | Junior Speaker | Teen Speaker |
|--|----------------|--------------|
| <input type="checkbox"/> June 3-8* | LeCroy | Self |
| <input type="checkbox"/> June 10-15 | Roberts | Gleiser |
| <input type="checkbox"/> June 17-22 | Morgan | Skelly |
| <input type="checkbox"/> June 24-29 | Buhr | Pettit |
| <input type="checkbox"/> July 1-6* | Roberts | Herbster |
| <input type="checkbox"/> July 8-13 | Morgan | Miller |
| <input type="checkbox"/> July 15-20 | Egerdahl | Coffey |
| <input type="checkbox"/> July 22-27 | Phelps | Galkin |
| <input type="checkbox"/> July 29-Aug 3 | Self | Hummel |
| <input type="checkbox"/> Aug 5-10* | | Gleiser |

*See Bonus Bucks Weeks information

Name _____

Grade in Sept. 2024 _____

Age _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home phone _____

E-mail: _____

Check this box if you do NOT want to receive periodic updates regarding the ministry of The Wilds.

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 registration fee** are received in our office.

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***Grade Level Breakdown:**
7-9th Grade • 9-11th Grade
10-12th Grade • 11th-2024 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 registration fee, please fax this form with your credit card information or mail the form with your check or credit card information.

Charge \$50 Registration Fee (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 _____
