



2018 Youth Camp Registration Form

Wi-Ne-Ma Christian Camp

Mail Completed Form to:
 Wi-Ne-Ma Christian Camp
 5195 Winema Rd., Cloverdale, OR 97112

Camper's Full Name (Last, First): _____
 Parents' or Guardians' Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Email: _____
 Primary Phone: _____
 Secondary Phone: _____
 Home Church: _____
 Camper to Return Home from Camp with: _____

Gender (circle one): Female Male
 Birthdate: _____
 Grade Next Fall: _____
 Age at time of Camp: _____
 Immersed: Yes No
 Cabin Mate Request: _____

First Time at Wi-Ne-Ma? Yes No
 How did you hear about us?
 Friend Church Other: _____

Camp Session (Check One)	Entering Grades	Fee
<input type="checkbox"/> 1st Junior	June 18 - 23	4 - 6 \$220
<input type="checkbox"/> 2nd Junior	June 24 - 30	4 - 6 \$245
<input type="checkbox"/> 1st Junior High	July 8 - 14	7 - 8 \$245
<input type="checkbox"/> 1st High School	July 15 - 21	9 - 12 \$245
<input type="checkbox"/> First Chance	July 22 - 25	3 \$195
<input type="checkbox"/> 2nd High School	August 5 - 11	9 - 12 \$245
<input type="checkbox"/> 2nd Junior High	August 12 - 18	7 - 8 \$245
<input type="checkbox"/> 3rd Junior	August 19 - 25	4 - 6 \$245
<input type="checkbox"/> Christmas Camp	December 27 - 31	9 - 12 \$195

To secure your place in a camp session, please submit a deposit of at least \$50 with this completed form.

CANCELLATION POLICY: If a registration is cancelled prior to the start of check-in for the camp session, we will refund all but \$50. If cancelled after the start of a session, there will be NO REFUND.

YOUTH CAMP HEALTH INFORMATION

MEDICATIONS: Prescriptions and over the counter drugs must be in their original containers and turned in to the First Aid Station for safe storage. List all medications you plan to bring, the dosage schedule, and the reason for taking them.

Medication Information: _____

Objectional medications we may NOT give to your camper: _____

SPECIAL DIETS: We are able to accommodate a wide range of special diet needs, including: vegan, gluten free, dairy free, etc. Refrigerated space is available upon request to further accommodate special dietary needs. Please note below.

Does your camper have any special diet needs? No Yes: _____

WELLNESS POLICY: All campers should be free of the following symptoms for at least 24 hours prior to start of the Camp Session: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Campers with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their camper.

Does your camper have any allergies, activity restrictions, and/or medical conditions: No Yes: _____

Health Insurance Carrier: _____ Group ID #: _____

PERMISSION, EMERGENCY, LIABILITY, AND PUBLICITY RELEASE

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Camp Management and the attending physician. I voluntarily waive any claim against Wi-Ne-Ma Christian Camp, Inc., Camp personnel, or other person(s) caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of Wi-Ne-Ma Christian Camp, Inc. I agree to notify the Camp of any changes prior to the start of the Camp Session. I give permission for Wi-Ne-Ma Christian Camp, Inc. to use any photo, video or interview of my family taken at Camp to be used to illustrate, report, promote, or advertise the ministry of Wi-Ne-Ma Christian Camp.

Parent/Guardian Signature: _____ Date: _____

Office Use Only Payment Amount: _____ From: _____ Check #: _____ Date: _____
 Date Received: _____ Payment Amount: _____ From: _____ Check #: _____ Date: _____