

Number _____

2010 WARNER YOUTH CAMP REGISTRATION FORM

Last Name _____

Please fill out form completely. Registrations must be postmarked by May 26th. A \$20 per person late fee will be accessed after May 26th.

Sign Me Up For...

Kids Camp I (3rd - 4th Grade Grads) - July 6-9, \$185 (\$205)

Kids Camp II (4th - 5th Grade Grads) - July 27-30, \$185 (\$205)

Kids Camp III (5th - 6th Grade Grads) - August 2-6, \$225 (\$245)

Jr. High I (6th - 7th Grade Grads) - June 28-July 2, \$225 (\$245)

Jr. High II (7th - 8th Grade Grads) - June 21-25, \$225 (\$245)

High School (9th - 12th Grade Grads) - June 14-18, \$225 (\$245)

Camper info

Last Name _____

First Name _____

Address _____

City _____ St _____ Zip _____

Main Phone (_____) _____

Email _____

Grade Completing _____ Birth Date _____

Male Female

T-shirt

Adult XL Adult L Adult M

Adult S Youth L Youth M

Cabin mates (we will do our best to accommodate your requests)

Cabin Mate 1 _____

Cabin Mate 2 _____

Home Church (if you attend) _____

How did you hear about Warner Camp?

My Church A Friend Internet Other

parent/guardian info

FATHER

Name _____

Address _____

City _____

St _____ Zip _____

Main Phone (_____) _____ (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____ (_____) _____

Email _____ Email _____

payment info

Cost of Camp \$ _____

Addition \$20 if registering after May 26th + _____

SUBTOTAL \$ _____

Sibling Discount (\$15 after 1st camper) - _____

Scholarship - _____

TOTAL COST OF CAMP \$ _____

DEPOSIT (\$50 minimum) \$ _____

BALANCE DUE ON or BEFORE CAMP \$ _____

method of payment

Check of Money Order # _____ \$ _____

Please bill my: Visa Master Card Discover

Card No. _____

Exp. Date _____ V-Code _____ Amount \$ _____

Initials _____ **Make Checks Payable to: WARNER CAMP**

health info (Required)

Camper Name _____

Camp Attending _____

Emergency (2nd) Contact _____

Phone _____ Work/Cell _____

Family Health Insurance Provider _____

Family Doctor _____

State Any Physical Limitations _____

List All Allergies _____

Any Health of Behavioral Concerns _____

Immunizations Up To Date? Yes No (explain) _____

Do you have a communicable disease? Yes No (explain) _____

List Current Drugs & Medications _____

pickup info My camper will be picked up ONLY by the following person(s): _____

Initials at Pickup _____

parent's signature (Required)

In signing this document, I hereby certify that this information is accurate, and I give my consent for my child to participate in the activities of Warner Camp; for my child to be transported to and from off camp activities; for the release of medical records in case of illness or injury; and for the use of photographs and videos including my child to be used in camp publicity. I understand that every effort will be made to contact a parent or guardian of my camper in the event of an emergency. If I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child, as named above. I also give my consent to routine non-surgical medical care.

Parent/Guardian Signature _____ Date _____

Additional Information can be written on the back of this form