



# Summer Camp 2017

Please return completed registration with payment to:  
**Westminster Woods, Ministries Department**  
 6510 Bohemian Hwy, Occidental, CA 95465  
 Phone 707-874-2426 Fax 707-874-9129  
 Or register and pay online at [www.westminsterwoods.org](http://www.westminsterwoods.org)

Discount Code: \_\_\_\_\_

Initial \_\_\_\_\_  
Last Name \_\_\_\_\_

## Camper Information – Use a separate form for each camper

Camper First Name \_\_\_\_\_ Camper Last Name \_\_\_\_\_ Camper Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender:  F  M Grade in Fall 2016 (circle one): 2 3 4 5 6 7 8 9 10 11 12  
 School: \_\_\_\_\_ School District: \_\_\_\_\_  
 Church: \_\_\_\_\_  
 How did you hear about summer camp:  Church  Friend  Website  Other \_\_\_\_\_  
 Returning camper:  Yes, \_\_\_\_\_ years  No Roommate Request (**one** only) \_\_\_\_\_  
 Vegetarian:  Yes  No Is camper afraid of heights?  Yes  No (All Challenge Course activities are voluntary)  
 Camper t-shirt size:  Child S  Child M  Child L/Adult S  Adult M  Adult L  Adult XL  Adult XXL

## 2016 Summer Camp Programs – Check the camp program for which you are registering

Elementary Programs	Middle School Programs	High School Programs
<b>Adventure Camp (2<sup>nd</sup> - 4<sup>th</sup>)</b> <input type="checkbox"/> Session 1A (June 25-28) <input type="checkbox"/> Session 1B (June 28-July 1) <input type="checkbox"/> Session 4A (July 16-19) <input type="checkbox"/> Session 4B (July 19-22)  <b>The Forest (4<sup>th</sup> - 6<sup>th</sup>)</b> <input type="checkbox"/> Session 1 (June 25-July 1) <input type="checkbox"/> Session 4 (July 16-22) <input type="checkbox"/> Session 5 (July 23-29)	<b>Elevation Camp (6<sup>th</sup> - 8<sup>th</sup>)</b> <input type="checkbox"/> Session 1 (June 25-July 1) <input type="checkbox"/> Session 4 (July 16-22)  <b>Buccaneer Camp (6<sup>th</sup> - 8<sup>th</sup>)</b> <input type="checkbox"/> Session 3 (July 9-15) <input type="checkbox"/> Session 5 (July 23-29)	<b>High School Camp (9<sup>th</sup> - 12<sup>th</sup>)</b> <input type="checkbox"/> Session 3 (July 9-15) <input type="checkbox"/> Session 5 (July 23-29)  <b>Rock and Row (10<sup>th</sup>-12<sup>th</sup>)</b> <input type="checkbox"/> Session 4 (July 16-22) <input type="checkbox"/> Session 5 (July 23-29)

Bridge and Friendship Camp begin with a separate application. See the website or call for details.

## Parent/Guardian Information – Provide contact details for the camper's parent/guardian

Relationship to camper \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Additional parent/guardian at same address: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Camper first and last name: \_\_\_\_\_

**Family Information – Provide a few details about the camper’s family**

Marital Status of camper’s parent(s):  Married  Not Married  Separated  Divorced  Widowed

Who has custody?  Mother  Father  Joint  Other \_\_\_\_\_

List person(s) legally restricted from seeing this camper, if any: \_\_\_\_\_

Other important family information: \_\_\_\_\_

**Payment Information – Make selections about payment for the camp program**

**Tiered Rate Program:** Realizing that families have different abilities to pay, Westminster Woods has instituted a voluntary three-tier fee program. You may choose the tier that is most suitable for your family. It is a ‘free will’ system; you pick the level that is comfortable and affordable for your family. All campers receive the same experience no matter what they pay. No subsidized rate is available for Rock and Row. In addition to the subsidized rate, limited partial camperships are available to reduce the cost of camp attendance; please contact the registrar for more information.

Tier I (Subsidized Rate) is our subsidized rate and does not reflect the full cost of operating summer camp programs.

Tier II (Partially Subsidized Rate) is our partially subsidized rate for those who choose to pay a little more.

Tier III (Camp Rate) more closely reflects the actual cost of camp including wear and tear of building and grounds.

- I select to pay:
- Tier I (Subsidized Rate)** - \$450 for most programs, \$225 for Adventure Camp
  - Tier II (Partially Subsidized Rate)** - \$500 for most programs, \$250 for Adventure Camp
  - Tier III (Camp Rate)** - \$550 for most programs, \$275 for Adventure Camp, \$595 for Rock and Row

**Payment and Cancellation Policy:** There is a \$100 non-refundable deposit required to register for Summer Camp. If you are only paying the deposit now, be aware that the balance is due in full 30 days prior to arrival at camp. **If you pay the deposit by credit card, your card will be charged for the remaining balance 30 days prior to the start of your camp session, unless prior arrangements are made for payment.** If your church is contributing to your balance, please be in communication with your church; we have asked churches to pay their portion 45 days prior to camp. **We will run the remaining balance 30 days prior to camp according to our policy.** A service charge of \$15 will be added for returned checks. For a refund of all except the deposit, cancellation notice must be received in writing 7 days prior to the first day of camp. Late notifications, no-shows, and/or early departures are not eligible for a refund. We will mail you important information regarding your camp session before your arrival or you may obtain this information on our website.

To complete this registration, I select to pay today:  **Full amount due** (includes non-refundable deposit)  
 **Non-refundable \$100 deposit**

I am enclosing a check payable to Westminster Woods.

Please charge my credit card:  
    Visa/MasterCard/Discover - Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

I am expecting Campership funds from my church.  
    Name of Church/City: \_\_\_\_\_

I would like to make a tax-deductible donation to Westminster Woods in the amount of \$ \_\_\_\_\_

I agree to pay Westminster Woods the amount charged and to abide by the payment and cancellation policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Camper first and last name: \_\_\_\_\_

**Camper Health Information – Provide insurance and physician information**

Health information is mandatory for all participants and is required to complete your registration. Westminster Woods has a registered nurse on site during all summer camp programs. The information provided will allow us to serve you and/or your child effectively if injuries or health problems occur. All information provided is confidential and will be accessed only by those with a valid reason to know. Note: If any health conditions change prior to arrival at camp, please notify Westminster Woods in writing and it will be attached to your camper's file.

Does the camper have health insurance?  Yes  No

Health Insurance Co. \_\_\_\_\_

Member #: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Date of last physical examination: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be within 24 months of the first day of camp)

Are all immunizations current?  Yes  No If no, which immunizations are missing? \_\_\_\_\_

Date of most recent Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ (approximate)

Operations or serious injuries (dates and types):

**Emergency Contact – List two adult contacts, other than parent/guardian above**

First name	Last Name	Relationship to camper	Phone #1	Phone #2
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Camper Medications – Let us know what medications your camper will bring to camp**

Any medications brought to camp are *required* to be in original containers with current doctor prescription label attached. All campers and counselors must check-in medications with the camp nurse during the health screening at the beginning of each registration period. If you are taking medications against the methods prescribed on the label, a signed note from your physician will be required. Any over the counter medications will also be verified by staff at the health screening. Medications will be available at the First Aid Center during scheduled times. Please attach additional pages for more medications.

None. Check here if the camper does not have medications.

Medication 1: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Dosage: \_\_\_\_\_

When taken?  Breakfast  Lunch  Dinner  Before Bed  As Needed

Type of illness being treated: \_\_\_\_\_

Camper first and last name: \_\_\_\_\_

**Camper Health History – Help our staff to care for your camper**

Please check any of the following that apply to the camper:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Frequent ear infections              | <input type="checkbox"/> Dislocations  | <input type="checkbox"/> Heart defects/disease                  | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Back problems | <input type="checkbox"/> Seizures                               | <input type="checkbox"/> Physical disabilities |
| <input type="checkbox"/> Emotional or behavioral difficulties |  | <input type="checkbox"/> Attention deficit issue                |  |
| <input type="checkbox"/> Recent life changes or trauma        |  | <input type="checkbox"/> Difficulties making or keeping friends |  |

Allergies or dietary restrictions (We are not equipped to facilitate specific special diets other than vegetarian):

- Bee Stings    Food: \_\_\_\_\_    Drugs: \_\_\_\_\_    Other: \_\_\_\_\_

To help us give the best care to your camper, please explain any items marked above with as much detail as possible (dates, severity, etc.). In addition, please describe any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.

Please let us know if there are any restrictions and/or recommendations you have for camp staff while the camper is in attendance (e.g., hiking, swimming, Challenge Course, etc.). Please give as much detail and reasoning as possible.

**Waiver/Release of Liability – Must be on file 30 days prior to camper's program**

**Photo Release:** I grant permission for Westminster Woods to use pictures and/or videos taken of the camp participant named above while at camp and to use quotations and/or letters relating to their camp experience for promotional purposes.

**Release of Liability:** I realize that individuals at camp can injure themselves without fault on the part of Westminster Woods personnel. I release Westminster Woods from responsibility for injury to the camp participant named above. I also understand that health and accident insurance protection is my responsibility.

**Permission to Participate:** I give permission for the camp participant named above to engage in all prescribed camp activities except as noted in the Health Form. I will make sure the camp participant understands and agrees to abide by the restrictions noted on camp activities.

**Consent for Emergency Medical Treatment:** I hereby give permission to the medical personnel selected by Westminster Woods to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for the camp participant named above. In the event that a parent/guardian cannot be reached in an emergency, I hereby give permission to the physician selected by Westminster Woods to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name