Real People • Real Connections • Solid Ground

WESTMINSTER WOODS

Summer Camp 2012

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

Discount Code: ____________

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 2012 (circle one): 2 3 4 5 6 7 8 9 10 11 12

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

2012 Summer Camp Programs – Check the camp program for which you are registering

Elementary Programs	Middle School Programs	High School Programs
Adventure Camp (2nd - 4th)	**Elevation Camp (6th - 8th)**	**High School Camp (9th - 12th)**
☐ Session 1A (June 24-27)	☐ Session 1 (June 24-30)	☐ Session 3 (July 8-14)
☐ Session 1B (June 27-30)	☐ Session 4 (July 15-21)	☐ Session 5 (July 22-28)
☐ Session 4A (July 15-18)		
☐ Session 4B (July 18-21)		
The Forest (4th - 6th)	**Buccaneer Camp (6th - 8th)**	**Rock and Row (10th-12th)**
☐ Session 1 (June 24-30)	☐ Session 3 (July 8-14)	☐ Session 3 (July 8-14)
☐ Session 4 (July 15-21)	☐ Session 5 (July 22-28)	
☐ Session 5 (July 22-28)		

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: You have the choice to pay the **camp rate** or the **subsidized rate.** It is entirely up to you and no additional application is necessary to qualify for the subsidized rate. 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.

I select to pay: ☐ **Camp Rate** ($550 for most programs, $275 for Adventure Camp, $595 for Rock and Row)
☐ **Subsidized Rate** ($475 for most programs, $237.50 for Adventure Camp)

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 14 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 __________

☐ 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 when 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:

☐ Frequent ear infections ☐ Dislocations ☐ Heart defects/disease ☐ Asthma
☐ Diabetes ☐ Back problems ☐ Seizures ☐ Physical disabilities
☐ Emotional or behavioral difficulties ☐ Attention deficit issue
☐ Recent life changes or trauma ☐ 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