

# Wilderness Christian Assembly

Cabin # \_\_\_\_\_

## 2008 Health History

CAMPER NAME \_\_\_\_\_ Date of last Tetnus shot \_\_\_\_\_

**Special Needs**(circle any applicable): Bed-wetting fainting sleep walking allergies Other \_\_\_\_\_

**List any health** (infectious disease?), **behavioral/emotional problems** \_\_\_\_\_

My child has permission to enter into all the camp's programs as planned for the week.    **YES**    **NO**

Explain if NO is circled: \_\_\_\_\_

### Medication currently being taken by camper

Name                      Frequency                      Dosage

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Check your child's susceptibilities

\_\_\_Poison Ivy    \_\_\_Penicillin    \_\_\_bee sting

\_\_\_hives            \_\_\_hay fever    \_\_\_asthma

\_\_\_ear infection    \_\_\_tonsillitis    \_\_\_other

**Circle One:** Tylenol    Motrin    Excedrin

Any pain reliever    Other \_\_\_\_\_

*I hereby give permission to Wilderness Christian Assembly, which is licensed by the State of Michigan, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, for the camper named above while attending camp. I hereby release the Assembly from any responsibility other than normal supervision and care. In case of accident, I will not hold WCA or its faculty, staff, management of directors liable unless guilty of gross disregard for the safety and welfare of the camper.*

I will not send my child to camp ill. I understand I will be directly responsible for medical charges due to illness or accident.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Registrations must be in camp office 2 weeks prior to the week you are attending or there will be a late fee fo \$20 added to the tuition fee! Thanks.**

# Wilderness Christian Assembly

2008

## Registration Form

<u>Week</u>	<u>Date</u>	<u>Age</u>	<u>Cost</u>	<u>Directors</u>
High School	06/	Grades 10-12	\$125	M McCool (Antrim) R Thompson (Alpena)
Jr High	06/	Grades 8-9	\$125	D Pietrangelo & S Habusta (Sault Ste Marie)
FirstChance	07/	Grades 2-3	\$65	R & J Wagenschutz (Kalkaska)
Intermediate	07/	Grades 6-7	\$120	J Klingelsmith (Traverse) M Saxton (Spencer)
Junior	07/	Grades 4-5	\$120	R & J Saxton (Spencer)
Tagalong	07/	Ages 7-17	\$120	G & J Rose (Muskegon)
Seasoned Saints	08/	Ages 40+	TBA	Charlie McDaniel (Scottville)
Teen Retreat	09/	Ages 13-19	\$65	D Pietrangelo & S Habusta (Sault Ste Marie)

**(Grades are going into in the fall)**

**CAMPER INFORMATION** (PLEASE PRINT) Camp Week & Date \_\_\_\_\_

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Last First MI

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ (Circle One) Sex: **M F**

Grade (in fall) \_\_\_\_\_ Camper's e-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Church \_\_\_\_\_  
Mo day year

(Please circle one)

Sponsored by Supporting Church: *Alpena Antrim(Mancelona) Barryton Benzie(Frankfort) DeTour Kalkaska  
Lake City New Hope(Benzonia) Manistee Northside(Muskegon) Ogemaw(West Branch) Rapid City Rogers Heights  
Sault Sainte Marie Scottville Spencer(Kalkaska) Traverse City*

Bunk mate (a) \_\_\_\_\_ (b) \_\_\_\_\_

**I agree to abide by the camp rules** (page 3 of schedule and information booklet or [www.wcabear](http://www.wcabear)) **and do my best to make and keep Wilderness Christian Assembly a Christian camp.**

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Be sure to name a designated pickup person(s) whom you would allow to transport your chills or we may not release your camper to anyone but you!***

Designated Pick-up person(s) to whom camper may be released:

(a) \_\_\_\_\_ (b) \_\_\_\_\_

(c) \_\_\_\_\_ (d) \_\_\_\_\_

**Office use only**

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The camper on this registration form has been released to me, the **designated pick-up** person listed above.

Date \_\_\_\_\_ Signature \_\_\_\_\_

May be signed **only** by **designated** person on this registration form unless the parent or guardian provides a **signed note** or **verified phone call documented and attached.**