

Wilderness Christian Assembly

Cabin # _____

2012
Health History

CAMPER NAME _____ Date of last Tetanus 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 to take advantage of the early bird tuition fee! Thanks.

Wilderness Christian Assembly

2012 Registration Form

Week	Date	Age	Cost	Directors
High School	6/17 - 6/23	Grades 10-12	\$160 (\$140)	TBA
Jr High	6/24 - 6/30	Grades 8-9	\$160 (\$140)	A Vert & R. Peasley (Sault Ste Marie)
First Chance	7/1 - 7/3	Grades 2-3	\$90 (\$70)	M Steiner (R. Heights) & B. Southworth (Spencer)
Intermediate	7/8- 7/13	Grades 6-7	\$150 (\$130)	B & B Crawford (USA)
Junior	7/15 - 7/20	Grades 4-5	\$150 (\$130)	M. & K. Saxton (Spencer)
Tagalong	7/22 - 7/27	Ages 7-17	\$150 (\$130)	G & J Rose (Muskegon)
Teen Retreat	9/14 - 9/13	Ages 13-19	\$90 (\$70)	J. Dowdy (Sault Ste Marie)

Early Bird registrations must be in the office 2 weeks prior to first day of camp - Tuition is due the day camp begins
 Walk-ons are any registrations received after 2 weeks prior to the first day of camp (second cost amount)

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) **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 child or we may not release your camper to anyone but you!

<i>Designated Pick-up person(s) to whom camper may be released:</i>	
(a) _____	(b) _____
(c) _____	(d) _____

<i>Office use only Office use only Office use only</i>	
The camper on this registration form has been released to me, the <i>designated pick-up</i> 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.	