2012 Registration Form

Camper Name (First) (M.I.) (Last)		
Camper Address	**City**	**State** **ZIP**
Is Camper a Resident of a Group/Family Home Yes ❑ No ❑	**Group/Family Home Name and Address**	
Phone Number (please circle one) Home Group/Family Home	**Contact Person for Group/Family Home**	**Email Address**
Camper's Date of Birth	**Age**	**Female** ❑ **Male** ❑
Name (please circle one) Parent Guardian	**Email Address:**	
Address (please circle one) Parent Guardian	**City**	**State** **Zip**
Evening Phone (please circle one) Parent Guardian	**Daytime Phone/Cell Phone**	
Camper's Church Affiliation	**Name of Church**	**Church City**

Camp

First Choice	**Camp #**	**Camp Dates**
Second Choice	**Camp #**	**Camp Dates**
Does camper have a roommate request _____		

Representatives of the camp may record, by video, photographer or other means of reproduction, the Camper's name, voice, image and physical likeness, and may use any such recorded matter for promotional purposes without further consent.

Participant's Signature _____ **Parent/Guardian signature** _____

Payment Information ❑ **Credit Card** ❑ **Check** (payable to: Wisconsin UM Camps) **Camp Cost:** $470.00	
Credit Card Number	Expiration Date
Card I.D. # (last three digits on signature strip on back of card)	
Print Cardholder Name and Address (as listed on billing statement)	Cardholder Signature
Name and address of another person who must receive notification of camper confirmations	

IMPORTANT: WI UMC Camps require first year campers and campers who have not attended for the past 3 years to include three reference letters for registration. References may be provided by teachers, supervisors from places of employment or sheltered workshops, doctors, psychologists, or therapists. Please list the name, address, and telephone number for each reference. **If you do not provide reference letters your registration will be delayed until reference letters have been submitted. Guidelines for admissions may be found at www.WIUMCamps.org/specialneedscamps.html**

COMPLETE ENTIRE FORM AND MAIL WITH FULL PAYMENT TO CAMPING OFFICE

United Methodist Camps
750 Windsor St
PO Box 620
Sun Prairie, WI 53590

wisconsin conference UNITED METHODIST CHURCH Camp & Retreat ministries

www.WIUMCamps.org

WAIVER AND RELEASE AGREEMENT

ASSUMPTION OF RISK FOR CAMP ACTIVITIES. The Camper has my permission to participate in camp and retreat activities, including swimming and other water activities, canoeing, hiking, ropes courses, horseback riding, rock climbing, campfires, outdoor games, athletic competitions, transportation to and from camp facilities, meals and other activities. *THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.*

WAIVER AND RELEASE. The Camper and I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. *THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.*

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY

_____	_____
Parent or Guardian's Name (Printed)	Participant's Name (Printed)
_____	_____
Parent or Guardian's Signature	Participant's Signature
	_____
	Participant's Date of Birth
Date:_____	Date:_____

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Confidential - Activities of Daily Living

Daily Living Skills Please provide the following information regarding the skill level and one-on-one time needed with the camper you are registering. Please describe specific needs for each skill. Your cooperation will help us provide higher quality care for the participant.

Skills	Independent	Reminders	Physical Guidance	Special Assistance	Time allowed
Showering					
Washing body					
Washing hair					
Brushing teeth					
Shaving					
Dressing					
Undressing					
Toileting					
Meal assistance					

Reading	◯ **yes**	◯ **no**	
Writing	◯ **yes**	◯ **no**	
Dietary needs	◯ **yes**	◯ **no**	Please attach dietary plan used
Other	◯ **yes**	◯ **no**	

Seizure

___ N/A ___ Grand Mal ___ Petit Mal Frequency _____

Diabetic

Is camper Diabetic? ____ yes ____ No

Does camper require insulin? ____ yes ____ No

Can Camper administer their own insulin? ____ yes ____ No

Communication:

___ Speaks Clearly ___ Speaks with difficulty ___ Non Verbal
___ Understands conversations ___ ASL ___ Signed English

Disability of participant: (Please check all that apply)

___ Mildly Disabled ___ Moderately Disable
___ Manual Wheelchair ___ Electric Wheelchair
___ Deaf ___ Hard of Hearing
___ Cane ___ Crutches ___ Walker

Confidential - Activities of Daily Living continued

Other information about camper:

___ Wears eyeglasses ___ Wears contact lenses ___ Sleepwalks
___ May wander ___ Incontinent/wears dependable pads

List of Medications (please add additional pages if necessary)

_____

_____

Please answer the following questions honestly and completely, camp staff will have a much better opportunity to make your camper's stay the best it can be; use additional paper as needed.

How does the participant interact in groups? _____

_____

Please describe any behaviors participant has exhibited in new or stressful environments _____

_____

What activities, events or situations frustrate, agitate, or excite camper?

_____

How are the above situations most effectively handled? _____

_____

Is the participant prone to sudden, dramatic, or violent behaviors? _____

If so, what situations seem to precipitate those behaviors? _____

_____

Please attach any intervention plan implemented at home or work.

In what hobbies is the participant interested? _____

_____

(All fishing enthusiasts must have a valid license in their possession to fish at camp.)

Does the participant have an animal allergies? _____

Does the participant fear animals? Please list _____

Is there any other information that we should know about your camper?

_____

To the best of my knowledge, all information on this registration form is complete, correct, and accurate. ***I understand that the camper may be sent home if unable to care for own basic daily living needs.***

Signature: _____

Camper/Parent/Legal Guardian (please circle one)