

# REGISTRATION INFORMATION

## HOW TO REGISTER

Complete **BOTH** sides of the registration form. Use the Family Camp Registration Form on page 15 for all Family Camps, including parent/children and grandparent/grandchildren camps. For all other registrations use the **INDIVIDUAL CAMP REGISTRATION FORM** on page 17. Register for the grade you will be entering in the fall of 2012. Please photocopy additional registration forms as needed. Return registration form and full camp fee to **United Methodist Camping Office, 750 Windsor St, PO Box 620, Sun Prairie, WI 53590-0620**. If you prefer, you may fax to: 608-837-8547. Faxed registration requires full payment by credit card. Wisconsin United Methodist Camps accepts MasterCard, Visa, and Discover.

**Secure online registration is available for individual and family camps when you choose to make full payment by credit card at [www.WIUMCamps.org/reg](http://www.WIUMCamps.org/reg).**

## REGISTRATION DEADLINE

No registrations will be accepted after noon on Thursday for a camp starting the following Sunday. Generally, camp registration closes 2 business days before the start of camp.

## CONFIRMATION

Registrations will be acknowledged promptly by email when email is listed. Your confirmation will include registration details, health forms, and general camp information. All online registrations will receive confirmation via email.

## PAYMENT AND SCHOLARSHIP INFORMATION

Full payment is **REQUIRED** for **CAMP REGISTRATION**. You may pay your camp fee with a personal check, money order, or credit card. Visa, MasterCard, and Discover will be accepted. "WI Annual Conference" will be the name appearing on the charge. A \$20 charge is made for returned checks. Note: You may pay for all family members on one check.

Many local churches have scholarship funds or you may qualify for a Conference Scholarship. Church or Conference Scholarship forms may be included as part

of the full payment requirement and do require a pastor's signature. You can get scholarship forms from [www.WIUMCamps.org/scholarshipform.html](http://www.WIUMCamps.org/scholarshipform.html).

Conference Scholarships will not be given in the form of reimbursements. For scholarship assistance, please contact your pastor.

You may contribute to the Wisconsin United Methodist Camp Scholarship fund through Advance Account #7050. Your gift is greatly appreciated.

## CANCELLATION POLICY

If you must cancel, every attempt will be made to schedule the camper(s) into another week of camp. If it is not possible to schedule the camper(s) into another camp, there will be a \$50 cancellation fee. All other payments will be returned. No refunds will be made on or after the camp start date. Full refunds for health reasons are available on request. Full refunds will not be made on or after the camp start date.

In rare instances, we must cancel a camp. If that happens, you will be notified as soon as possible and every effort will be made to place campers in an alternate camp. A \$25 credit toward the alternate camp will be given for the inconvenience caused to you by having to reschedule. If an alternative camp cannot be found, then a full refund will be issued.

## CAMP AVAILABILITY

To see if a camp is available, please see the camp availability report on our web site: [www.WIUMCamps.org/availability.html](http://www.WIUMCamps.org/availability.html).

## HEALTH INFORMATION

Campers under the age of 18 must have a valid health exam. Campers 18 and over must have a complete health history. No camper is admitted without a valid health record. Health forms will be included in your registration/confirmation packet or may be obtained online from our web site. **Please mail health forms to the appropriate camp site two (2) weeks BEFORE your camp start date.** Please do not send the Health Form to the Camping Office in Sun Prairie.

It is important that parents be contacted when necessary regarding your child's

well-being and safety. In the event of illness or an injury to your child, the Site will make every attempt to contact you, while proceeding with appropriate care for your child. If there is a preferred number to call first, please let the Health Coordinator know when you arrive at camp so that it may be noted.

In the operation of the summer camp program, no participant, as defined by program regulations, will be discriminated against because of race, sex, color, age, national origin, or handicap. Any person who believes that a participant has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250

## INSURANCE - HEALTH AND SAFETY

An insurance contract is provided and the cost included in the camp fee. This is a supplement to your personal health/medical insurance. Coverage is subject to the terms and conditions of the Master Contract held by the Wisconsin Conference of The United Methodist Church. Every effort will be made to ensure that your camper has a healthy and safe camp experience!

## ADDITIONAL INFORMATION

Personal information about campers provided on registration forms, get-acquainted sheets, and health forms is used exclusively for the purpose of assuring your camper's week to be safe and fun-filled. We do not sell, rent or lease our camper lists or e-mail addresses.

All cabin assignments are made by the Event Director. You may make a request for cabin mates on your registration form; however, they are not guaranteed.

The Camping Office is open weekdays only. Sorry, phone registrations cannot be accepted. Those paying by credit card may use our fax number: 608-837-8547 or register online at [www.WIUMCamps.org/camps/reg](http://www.WIUMCamps.org/camps/reg)

**United Methodist Camping Office**  
**750 Windsor St, PO Box 620**  
**Sun Prairie, WI 53590-0620**  
**Fax: 608-837-8547**  
**[www.WIUMCamps.org](http://www.WIUMCamps.org)**  
**[Camping@WisconsinUMC.org](mailto:Camping@WisconsinUMC.org)**

# INDIVIDUAL REGISTRATION FORM

Please complete both sides of registration form!  
Additional assistance can be found on page 14.

Camper Last Name			First Name	M.I.	Gender: (circle one) Female    Male
Mailing Address			City	State	ZIP
Birthdate (Mo/Day/Yr)    /    /	Age:	Grade: 2012-2013	Church Name	Church Town	
Parent(s)/Guardian(s) Name(s)			Home Phone (    )	Work Phone / Mother (    )	
Email Address <small>(We do not sell, rent or lease our camper lists or e-mail addresses.)</small>	Cell Phone Number (    )		Work Phone / Father (    )		

\*Email address, when provided, will be used to send registration/confirmation materials.

***I am a sophomore or junior in high school and would like to receive information about United Methodist Colleges.***

My choices: Please list first and second choices as some camps have limited capacity. ***If you are registering for more than one camp, please use a separate form for each registration.*** Grade listings refer to your grade during the 2012-2013 school year, and you should register for the grade you will be entering in the fall.

Camp Selection	Camp Number	Dates of Camp	Camp Title
First Choice			
Second Choice			

Roommate Request (at the Event Director's discretion, but not guaranteed.) \_\_\_\_\_

***Representatives of the camp may record, by video, photograph 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.***

parent/guardian signature

Cost of Camp  
**\$**

**Payment Information**      Full payment is due with registration form. A pastor-approved Conference Scholarship form may be included as part of the full payment requirement. Conference Scholarships will not be given in the form of reimbursements.

Check(s)     Camper Payment \$\_\_\_\_\_ (must be included)     Church Scholarship \$\_\_\_\_\_ (must be included)

Conference Scholarship (form must be included) Amount requested \$\_\_\_\_\_ (may be obtained from camping website; requires UMC Pastor's signature)

Credit Card Payment \$\_\_\_\_\_

Visa, MasterCard and Discover will be accepted. "WI Annual Conference" will be the name appearing on the charge.

Print Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Card I.D. #: \_\_\_\_\_      \*Card I.D. # is the last three digits on signature strip on back of card

Cardholder's address, if different than camper's address

**Make Checks Payable to:**  
**Wisconsin UMC Camps**  
**Mail to:**    Camping Office  
                  750 Windsor St, PO Box 620  
                  Sun Prairie, WI 53590  
**Fax Form to:** 1-608-837-8547  
**Phone Numbers:** 1-608-837-3388 or  
 1-877-WIS-CAMP (947-2267) toll free  
**Website:** www.WIUMCamps.org  
**Email:** Camping@WisconsinUMC.org  
**Office Hours:** M-F from 8:00am to 4:00pm

**Please Mail  
Health Forms to  
the Appropriate  
Camp Site Two Weeks  
Before your Camp  
Start Date.**

**Age for Camps  
is based on  
the Grade  
you WILL BE  
entering.**

# WAIVER AND RELEASE

**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.**

\_\_\_\_\_  
Camper's Name (Printed)

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Camper's Signature  
(if over 13 years old on January 1 of camp year)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Camper's Date of Birth

Today's Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_