

registration form | family camp

PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM!

INCOMPLETE REGISTRATION FORMS WILL BE RETURNED. SEPARATE WAIVERS MUST BE INCLUDED FOR EACH PARTICIPANT. USE THIS FORM FOR FAMILY CAMPS ONLY. FOR INDIVIDUAL CAMP REGISTRATIONS, USE FORM ON PAGE 17. ADDITIONAL REGISTRATION ASSISTANCE CAN BE FOUND ON PAGE 14.

Family Name	Home Phone ()	Church Name/City	
Mailing Address	City	State	ZIP
Email Address <small>(We do not sell, rent or lease our camper lists or e-mail addresses.)</small>	Work Phone / Contact ()	Cell Phone ()	

If you are registering for more than one camp, please use a separate form for each registration.

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

First & Last Name of Family Members Attending Camp	Birthdate	Age	Gender	Cost (see below)

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

Payment Information	2 NIGHTS	3 NIGHTS	4 NIGHTS	5 NIGHTS
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 <u>not</u> be given in the form of reimbursements.	Adult \$140	Adult \$205	Adult \$245	Adult \$295
	Youth 12-18 \$105	Youth 12-18 \$160	Youth 12-18 \$210	Youth 12-18 \$260
	Child 5-11 \$85	Child 5-11 \$130	Child 5-11 \$170	Child 5-11 \$210
	Child 1-4 \$65	Child 1-4 \$95	Child 1-4 \$125	Child 1-4 \$155
	Less than 1 year . . FREE	Less than 1 year . . FREE	Less than 1 year . . FREE	Less than 1 year . . FREE
Cost of Camp \$	Family* Max \$475	Family* Max \$700	Family* Max \$850	Family* Max \$940
<i>*A family is no more than two adults and children under 18.</i>				

- 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

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: _____

For all Family Camps, please photocopy this waiver and submit one fully completed and signed copy for each individual attending the camp.