

# registration form | individual camp

## PLEASE COMPLETE BOTH SIDES OF REGISTRATION FORM!

INCOMPLETE REGISTRATION FORMS WILL BE RETURNED.

ADDITIONAL REGISTRATION 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: 2011-2012	Church Name	Church Town	
Parent(s)/Guardian(s) Name(s)			Home Phone ( )	Work Phone / Mother ( )	
Email Address (We do not sell, rent or lease our camper lists or e-mail addresses.)			Cell Phone Number ( )	Work Phone / Father ( )	

*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 2011-2012 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 <b>\$</b>	<b>Payment Information</b> 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.
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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: \_\_\_\_\_

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