

2009 Registration Form

Camper Name (First) _____ (M.I.) _____ (Last) _____	
Camper Address _____	City _____ State _____ ZIP _____
Is Camper a Resident of a Group Home Yes <input type="checkbox"/> No <input type="checkbox"/>	Group Home Name and Address _____
Phone Number (please circle one) Home _____ Group Home _____	Contact Person's Name for Group Home _____ Email Address _____
Camper's Date of Birth _____	Age _____ Female <input type="checkbox"/> Male <input type="checkbox"/>
Name (please circle one) Parent _____ Guardian _____	
Street 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 _____
Camper requires first floor room Yes <input type="checkbox"/> No <input type="checkbox"/>	Camper requires bottom bunk Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does camper have a room or bunk mate 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) Payment Amount \$ _____

Credit Card Number _____	Expiration Date _____
Card I.D. # (last three digits on signature strip on back of card) _____	
Print Cardholder Name and Address _____	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/specialneedsamps.html

COMPLETE ENTIRE FORM AND MAIL WITH FULL PAYMENT TO CAMPING OFFICE

United Methodist Camps
PO Box 620
Sun Prairie, WI 53590



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: _____

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 at home/group home
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

Daily Living Skills, 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; use additional paper as needed.

By answering questions honestly and completely, camp staff will have a much better opportunity to make your campers stay the best it can be.

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)

United Methodist Camping Office
Wisconsin Conference
750 Windsor St
PO Box 620
Sun Prairie, WI 53590-0620

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Special Needs
Wisconsin
United Methodist Camps
SUMMER 2009