

Wilderness Christian Assembly

2022 Registration Form

Grade you were in for 2021-2022 school year

| <u>Date</u> | <u>Camp</u> | <u>Grade</u> | <u>Cost (After June 1st)</u> | <u>Deans</u> |
|-------------|----------------|-----------------------------------|---|------------------|
| June 17 | Bushcraft Camp | 6 th -12 th | \$40 (\$60) | Andrew Apps |
| June 19-24 | Middle School | 6 th -8 th | \$160 (\$180) | JD Hoolsema |
| June 26-28 | Girls Camp | 6 th -12 th | \$90 (\$110) | Denise Quick |
| July 10-15 | High School | 9 th -12 th | \$160 (\$180) | Ephraim Costilow |
| July 17-22 | Intermediate | 3 rd -5 th | \$160 (\$180) | Denise Quick |
| July 24-26 | First Chance | 1 st -3 rd | \$90 (\$110) | Rachel Konsella |
| July 28-30 | Canoe Trip | 7 th -12 th | \$120 (\$140) | Ted Peasley |

Registration from 3-5 pm Sundays, 5-7 pm weekdays. Checkout 7 pm – Day camp registration 8-8:30 and 5:30 checkout.

Registration, \$20.00 non-refundable deposit, and church support voucher **must be in the camp office by June 1st, 2022**

Tuition is due the day camp begins. Any registration received after June 1st, 2022 will be charged (second cost amount).

Bushcraft and Canoe Camps limited to the first 20 registrations.

CAMPER INFORMATION (Please Print) Camp date _____ Camp session _____

Name _____ Phone (____) _____
Last First M.I.

Mailing Address _____ City _____ St _____ Zip _____

M ___ F ___ Birthdate ___/___/___ Grade coming out of ___ Age ___ Immersed Believer? Yes No
Parents and home minister will be contacted before an immersion.

Supporting Church you are registering through _____ other _____

Sponsored by Supporting Church: *Antrim (Mancelona) Benzie (Frankfort) DeTour Kalkaska Community (Lake City) Manistee Ogemaw (West Branch) Rapid City First Church (Sault Sainte Marie) Spencer (Kalkaska)*

I want to bunk with (a) _____ (b) _____

E-mail address _____

Emergency contact person _____ Phone #'s _____

I agree to abide by the camp rules and do my best to make and keep Wilderness Christian Assembly a Christian camp. **Camper Signature:**

Designated Pick up person(s)(other than myself) to whom camper may be released (a) _____

(b) _____ (c) _____ (d) _____

Be sure to name a designated pick up person(s) whom you would allow to transport your child or we may not release your camper to anyone but you!

The camper on this registration form has been released to me, the **designated pick-up** person listed above.

Date _____ Signed _____

May be signed out **only** by **designated** person on registration card unless the parent or guardian provides a **signed note** or **verified phone call documented and attached.**

Health information

Are immunizations up to date? Yes No Date of last tetanus shot _____

Special Needs (*circle any applicable*): bed-wetting, fainting, sleep walking, allergies, other _____

List any (infectious disease) **behavioral/emotional problems**

My child has permission to enter into all the camp's programs as planned for the week. Yes No

If No please explain:

MEDICATIONS CURRENTLY BEING TAKEN BY CAMPER

CHECK YOUR CHILD'S SUSCEPTIBILITIES

| NAME | FREQUENCY | DOSAGE | | | |
|-------|-----------|--------|--|--------------------------------------|------------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> poison ivy | <input type="checkbox"/> penicillin | <input type="checkbox"/> bee sting |
| _____ | _____ | _____ | <input type="checkbox"/> hives | <input type="checkbox"/> hay fever | <input type="checkbox"/> asthma |
| _____ | _____ | _____ | <input type="checkbox"/> ear infection | <input type="checkbox"/> tonsillitis | <input type="checkbox"/> other |

The health officer may give my child as needed: Tylenol Motrin Excedrin Any pain reliever

I will not send my child to camp ill. I understand that I will be directly responsible for medical charges due to illness or accident.

I hereby give permission to Wilderness Christian Assembly, which is licensed by the State of Michigan, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, for _____ while attending camp. I hereby release the Assembly from any responsibility other than normal supervision and care. In case of accident, I will not hold WCA or its faculty, staff, or management liable unless guilty of gross disregard for the safety and welfare of the camper.

Insurance Co. _____ Policy # _____

I certify that this information is true to the best of my knowledge

Wilderness Christian Assembly has permission to use my child's picture in promotional material for the camp only, unless this box is marked by the parent.

Authorized Signature _____ **Date** _____

Please mail this form with \$20 deposit, church discount voucher by June 1st 2022, if after June 1st 2022- the camp cost will be the price in parenthesis () to Wilderness Christian Assembly, 4408 Kniss Rd. SE, Kalkaska, MI, 49646. If paying by check please make out to WCA

For Office use only

Cost of Camp _____

Camper Owes _____ Church Owes _____ Scholarship _____

Registration Day Information