

CAMP WABANNA JUNIOR/DAY CAMP RETREAT



REGISTRATION & HEALTH FORM

March 12-13, 2010

101 Likes Road Edgewater, MD 21037
P - 410.798.0455 * F - 410.798.1214

www.campwabanna.org

PLEASE
PLACE
SCHOOL
PHOTO
HERE.

**REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS."
PLEASE COMPLETE BOTH SIDES OF FORM AND ENCLOSE THE FOLLOWING:**

- Registration fee and snack shop fee with this form – registration will not be processed without fees.
- Recent photo of camper.

Camper's Legal Name _____ Female Male

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth ____/____/____ Age ____/____ Grade (Fall '10) _____ School _____
Day/Month/Year Year/Month

Father's/Guardian's Name _____ Home # _____
Work # _____ Mobile # _____ Email _____
Address (if different from camper) _____

Mother's/Guardian's Name _____ Home # _____
Work # _____ Mobile # _____ Email _____
Address (if different from camper) _____
Number you can be reached at while your child is at camp (if not listed above): _____
.....

TWO Emergency Contacts (to be notified if parents cannot be contacted):
*Registration will not be final until two emergency contacts are provided on this form.
They will be contacted to pick up camper if illness or behavior problem occurs and parents/guardians are not available.*

1. Name _____ Relationship _____
Home # _____ Work # _____ Mobile # _____ Pager # _____

2. Name _____ Relationship _____
Home # _____ Work # _____ Mobile # _____ Pager # _____

Program Choices

Please check one of the following:

Junior Camp Retreat – ages 6-10
**Friday night (7:30pm) to Saturday night (6:30pm)*

Day Camp Retreat – ages 4-5
**Saturday morning (8:30am) to Saturday night (6:30pm)*

Payment Information

Registration fee = \$ _____ Total registration paid = \$ _____
*Snack Shop fee = \$ 5.00 Total Snack Shop paid = \$ 5.00
Total Paid = \$ _____

Junior Retreat = \$50/person
Day Camp Retreat = \$35/person

*The snack shop will be open during the weekend. This fee allows your camper to purchase items using their snack shop card.

Please check payment method: Check _____ Money Order _____ Cash _____
Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Account # _____ Exp. Date _____

Name of cardholder _____

Authorized Signature _____

Health Information

Are immunizations up to date (Diphtheria, Pertussis, Polio, Measles, Mumps, and Rubella)? YES NO

REQUIRED: Date of last tetanus shot: _____

Is child exempt from any immunization requirements due to religious or medical reasons? YES NO

Does your child suffer...(please circle)

Allergies

Seizures

Bladder or bowel problems

Asthma

Diabetes

Heart Problems

Skin Conditions

Emotional/Behavioral Problems

Learning Disability

Hearing Impairment (aides)

Allergic Reactions:

Bee Sting

Penicillin

Other Explain _____

State law requires that all prescription medications contain a pharmacy label showing prescription number, date filled, prescribing physician's name, name of medication, directions for taking medication, and the patient's name. **All medications (prescriptions or over the counter) brought to camp must be deposited with the camp nurse with information and instructions.** List all medications your child will bring to camp:

If needed, pain reliever preference: Aspirin Base Non-Aspirin Base

Insurance Company _____ Policy Number _____

Camper's Doctor's Name _____ Phone Number _____

CAMPER MAY REQUEST ONE ROOMMATE ONLY AND NEED TO MEET THESE CRITERIA'S:

Registrar will process **ONLY TWO** requests provided the roommate **ALSO** requests your camper, and they are **NO MORE** than 12 months apart. Roommate Requests: _____

Wabanna Camp & Conference Center reserves the right to not accept a camper or allow a camper to stay if exposed to any contagious disease within two weeks prior of his/her stays at camp. No refund will be given if a child is sent home for either behavioral or medical reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notifications, the parent/guardian will be allowed a maximum time of four hours to remove their child from the camp property. General notification guidelines are as follows: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 101 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or can not participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program.

I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE TWO PAGES IS COMPLETE AND ACCURATE.

Signature of Parent/Guardian _____