



# CAMP WABANNA REGISTRATION AND HEALTH FORM

## 2012 Leader In Training Program

101 Likes Road Edgewater, MD 21037

410.798.0455 \* Fax 410.798.1214

[www.campwabanna.org](http://www.campwabanna.org)

**PLEASE  
PLACE  
SCHOOL  
PHOTO  
HERE**  
\*Do Not Fax  
Picture

**PLEASE COMPLETE ALL THREE PAGES AND ENCLOSE THE FOLLOWING:**

- ***Registration fee and snack shop fee with this form – fee required before registration will be processed***
- ***A notarized Parent/Guardian Consent Form***
- ***A completed Camper Health Form***
- ***Recent photo of camper.***
- ***Registration will be processed after LIT applicant is accepted into the program.***

Camper's Legal Name \_\_\_\_\_ Female Male

Camper Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (at camp) \_\_\_\_/\_\_\_\_ Grade (Fall '12) \_\_\_\_\_ School \_\_\_\_\_  
Month/Day/Year Year/Month

**Father's/Guardian's Name** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's/ Guardian's Email\* \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

**Mother's/Guardian's Name** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's/ Guardian's Email\* \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

**\*Please Note:** All correspondence will be sent by email. Correspondence will be sent to the two parent emails that you provide. This includes confirmation packets and express check-in tickets. Please make sure you add [scovington@campwabanna.org](mailto:scovington@campwabanna.org) to your contact list and that you supply an email address that will accept emails with attachments.

### **Please check desired week(s)**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Week 1:</b> June 17-23 | <input type="checkbox"/> <b>Week 5:</b> July 15-21       |
| <input type="checkbox"/> <b>Week 2:</b> June 24-30 | <input type="checkbox"/> <b>Week 6:</b> July 22-28       |
| <input type="checkbox"/> <b>Week 3:</b> July 1-7   | <input type="checkbox"/> <b>Week 7:</b> July 29-August 4 |

***After May 25<sup>th</sup>, any request for a change of dates must be made in writing. If we can honor the request, there will be a \$25 processing fee. Any other registration changes that require additional processing will incur a \$25 processing fee.***

**Payment Information**

- **Registration Fee is \$225 a week. No refunds after June 1.**

Registration fee = \$ \_\_\_\_\_ per session X \_\_\_\_\_ (number of sessions) = \$ \_\_\_\_\_ Total Registration fee

Snack Shop fee = \$ \_\_\_\_\_ per week X \_\_\_\_\_ (number of weeks) = \$ \_\_\_\_\_ Total Snack Shop fee

\*Donation to the Good Samaritan Scholarship Program to financially assist underprivileged children = \$ \_\_\_\_\_

Total Paid = \$ \_\_\_\_\_

- Please indicate here if you would like to donate your remaining snack shop fee to our scholarship fund**

The Snack Shop is open twice daily and the Gift Shop is open for campers on Friday night. No less than \$25 per week will be permitted (no more than \$50, please). **\*Snack Shop fee required with registration.** Please do not allow camper to bring money with them to camp.

**Please check payment method:** Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of cardholder \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**Please review and accept below:**

*~Campers are not allowed to bring alcohol, cigarettes, drugs, weapons, fireworks, cell phones or electronic devices (except cameras). Camp Wabanna reserves the right to search any campers belongings and confiscate these items.*

*~All medications brought by the camper (prescription or over-the-counter) must be given to the camp nurse or appointed staff member at the time of check in. The camp nurse station stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. All medications must be in the original container and include a Camp Wabanna medication card which includes clear and current directions.*

*~ I understand that it is the policy of Camp Wabanna not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs. And particularly but not limited to, swimming, boating, field activities, ropes courses, team courses, tower climbing, water tubing, canoeing. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.*

*~I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for his/ her safety of camp participants. Camp Wabanna reserves the right to discipline or send home any child for any reason in its sole discretion. General reasons for immediate dismissal include, but are not limited to any of the following: 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 cannot 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. 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 notification, the parent/guardian will be allowed a **maximum time of four hours** to remove their child from camp property.*

*~In signing this document, I hereby certify that the above information is correct, and I give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity.*

**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 THREE PAGES IS COMPLETE AND ACCURATE.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_