



Camp Wabanna

2012 Residential Registration & Health Form

101 Likes Road Edgewater, MD 21037

410.798.0455 * Fax 410.798.1214

www.campwabanna.org

**PLEASE
PLACE
SCHOOL
PHOTO
HERE**
*Do not Fax
Picture

REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS."

PLEASE COMPLETE **BOTH SIDES** OF EACH PAGE AND ENCLOSE THE FOLLOWING:

- Full payment and snack shop fee – registration will not be processed without full payment.
- Recent photo of camper.
- Signed/notarized parent consent form.
- Completed Camper Health Form

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

Is this your first summer with us? Yes No **If not, how many summers have you attended?** _____

Father's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Father's/ Guardian's Email* _____

Home Address (if different from camper) _____

Mother's/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

Mother's/ Guardian's Email* _____

Home Address (if different from camper) _____

***Please Note:** All registration 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 to your contact list and that you supply an email address that will accept emails with attachments.

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 the camper if illness or behavior problem occurs and parents/guardians are not available.

1. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

🌀 Program Choice(s) 🌀

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Week 1: June 17-23 | <input type="checkbox"/> Week 4*: July 9-13 | <input type="checkbox"/> Week 5: July 15-21 | <input type="checkbox"/> Week 8*: August 6-10 |
| <input type="checkbox"/> Week 2: June 24-30 | Teen Week: Ages 11-18 only | <input type="checkbox"/> Week 6: July 22-28 | *Mon-Fri. |
| <input type="checkbox"/> Week 3: July 1-7 | *Mon-Fri. | <input type="checkbox"/> Week 7: July 29-August 4 | |

Please note: After May 25, 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 Worksheet 🌀

- **Regular Weeks (Sun.-Sat.) Ages 7-15:** Registration is \$420.
Cancellation before June 1st forfeits \$100. No refunds for cancellation will be given after June 1.
**"Early Bird" - \$395 per camper, per week if postmarked by March 2, 2012.
- **Week 4 (Mon.-Fri.) Teen Week: Ages 11-18 :** Registration is \$385.
Cancellation before June 1st forfeits \$100. No refunds for cancellation will be given after June 1.
**"Early Bird" - \$360 per camper, per week if postmarked by March 2, 2012.
- **Week 8 (Mon.-Fri.) Ages 7-15:** Registration is \$385.
Cancellation before June 1st forfeits \$100. No refunds for cancellation will be given after June 1.
**"Early Bird" - \$360 per camper, per week if postmarked by March 2, 2012

Weeks 1-3 & 5-7 Only: Weekly Fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total weekly fee
 Snack Shop fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total Snack Shop fee

Weeks 4 & 8 Only: Weekly Fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total weekly fee
 Snack Shop fee = \$ _____ per week X _____ (number of weeks) = \$ _____ Total Snack Shop fee

- Donation to Good Samaritan Scholarship Program to help financially assist underprivileged children = \$ _____

Total Amount Due = \$ _____

Please Note: The Snack Shop is open twice daily and the Gift Shop is open Friday evening. No less than \$25 per week will be permitted (no more than \$50, please). **The Snack Shop fee is required with registration.** Please do not allow campers to bring money with them to camp. At the end of the week, all remaining snack shop balances over \$5.00 will be either refunded to families in cash or donated back to Wabanna's scholarship fund that enables more children to attend Camp Wabanna.

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

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** _____

 **Roommate Requests** 

CAMPER MAY REQUEST TWO ROOMMATES ONLY IF THEY MEET THESE CRITERIA:

- 1) They are the same gender and are NO MORE than 12 months apart. (Except for 10 & 11 yr olds. See note below*)
- 2) The requested roommate must also request your camper

Roommate Requests: 1) _____ 2) _____

Every effort will be made to accommodate roommate request but we cannot guarantee them.

***Please note:** 7-10 yr. olds are in the Junior Program; 11-15 yr. olds are in the Senior Program – these age groups will each be housed in separate dormitory facilities. Age for program placement is determined by the date your camper session begins. In order to process roommate requests more efficiently, it is recommended that you send registration forms in together.