



# CAMP WABANNA REGISTRATION AND HEALTH FORM

## 2010 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

REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS."  
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 copy of campers Immunization Record.
- 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 '10) \_\_\_\_\_ 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) \_\_\_\_\_

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 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 # \_\_\_\_\_

**HEALTH INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Camper's Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**REQUIRED FOR ALL CAMPERS:** Date of last tetanus shot: \_\_\_\_\_

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

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

Is child enrolled in Maryland state schools? YES NO

**IF YOUR CHILD IS NOT ENROLLED IN MD SCHOOLS, YOU MUST ATTACH A COPY OF CERTIFICATION OF IMMUNIZATIONS**

Does your child suffer from: (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

**Please Check desired week(s)**

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1: June 13-19     | <input type="checkbox"/> Week 5: July 11-17 |
| <input type="checkbox"/> Week 2: June 20-26     | <input type="checkbox"/> Week 6: July 18-24 |
| <input type="checkbox"/> Week 3: June 27-July 3 | <input type="checkbox"/> Week 7: July 25-31 |

*After May 28, 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/week. No refunds after June 4.

Registration fee = \$ 225 per week X \_\_\_\_\_ (number of weeks) = \$ \_\_\_\_\_ 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 several times per week. The average card amount is \$25 per week and no less than \$15 per week will be permitted (no more than \$40, 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 \_\_\_\_\_

**First summer with us?** Yes No **How many summers have you attended** (including this summer)? \_\_\_\_\_  
**How did you hear about Camp Wabanna?** Church/Business (please specify name of organization) \_\_\_\_\_  
Family/Friend \_\_\_\_\_ Internet (please specify which site) \_\_\_\_\_  
Camp Fair (please specify location) \_\_\_\_\_

*Wabanna Christian 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 stay 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.**

C a m p & C o n f e r e n c e C e n t e r

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