

APPLICATION

Session: _____
 Name: (Last) _____
 Name: (first) _____
 Birthdate: _____
 Address: _____
 City: _____
 State: _____ ZipCode: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Church: _____

I am _____ years old and agree to abide by all camp regulations and policies, and to uphold their objectives.

Camper's Signature _____ Date _____

Parent/Guardian
 Full Name: _____

Name(s) of individuals authorized to pick up camper after camp. _____

Name(s) of individuals who camper should NOT be released to or visited by: _____

Camper Fee:	
Discount:	
Store:	
Donation:	
Total:	
Make check payable to Camp Wakonda	
Date Received	
Receipt Number	

Camp Dates

- Junior Camp**
 July 8-15
 Ages 8-10
- Tween Camp**
 July 15-22
 Ages 10-12
- Teen Camp**
 July 22-29
 Ages 13-16
- Family Camp**
 July 29-Aug. 5
 All ages

AUTHORIZATION

EMERGENCY AUTHORIZATION

If there is an emergency, every effort will be made by the camp administration to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director, to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for my child.

As parent or legal guardian of the applicant, I am in favor of him/her attending camp and accept the conditions named. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photocopied for use off camp property).

 Signature of Parent/Guardian

It is understood by the camp administration that medical information provided is private according to Health Insurance Portability and Accountability Act (HIPAA). As parent or legal guardian of the applicant I hereby grant permission to camp administration to share pertinent health information with those only who must ensure the health and safety of the applicant.

 Signature of Parent/Guardian

RELEASE

This certifies that I, parent or legal guardian of the applicant, or I, the adult applicant, hereby grant Camp Wakonda administration to use materials, (including, but not limited to, slides, video recordings, sound recordings, photographs, and movie film) of me (him/her if applicable) which has been, is now, or will be taken, recorded or produced at Camp Wakonda during the 2007 camping season for the purpose of advertising, news, articles, visual aids, or otherwise.

 Signature of Parent/Guardian

NOTE: NO YOUTH WILL BE ADMITTED AS A CAMPER WITHOUT A COMPLETE MEDICAL RELEASE AND RECORD SIGNED BY PARENT OR GUARDIAN.

Camper Costs:

The camp fee covers all meals, lodging and activities for the camper for one week.

Junior, Tween, and Teen Camp Fee: \$215

* **A \$10 discount** is given to each "first-time" camper

* **A \$10 discount** is given to each returning camper who brings "a friend" who has never been a camper at Camp Wakonda before (2 friends - \$20, etc.) Friends must attend the same week to get the discount

** **Family Fee is:**

Adult - \$140, Child 6-16 - \$125, child 5 and under - Free
 Family maximum - \$475

HEALTH HISTORY

Camper Name _____

Allergies:

___ no known allergies
 ___ drugs _____
 ___ food _____
 ___ bee stings _____
 ___ Other _____

Known physical abnormality:

Last tetanus immunization date: _____

Last booster: _____

Medical instructions for nurse:

___ Frequent sore throat	___ Constipation
___ Abscessed ears	___ Kidney trouble
___ Stomach upsets	___ Asthma
___ Bed wetting	___ Athlete's foot
___ Convulsions	___ Menstrual problems
___ Sinusitis	___ Sleepwalking
___ Bronchitis	___ Other _____
___ Fainting	_____

Please do not bring your child to camp if they are contagious with a communicable disease such as chicken-pox, pink eye, etc., or if they have an infestation of head lice.

Before June 1
send application to:
 Camp Wakonda
 P.O. Box 7310
 Madison, WI 53707

After June 1
send application to:
 Camp Wakonda
 W8368 County Rd. E
 Oxford, WI 53952