

# WI Kids Camp 2018

June 18th - 22nd

The ARC

For Questions Contact:

Registration Director - Pastor Chris Bickett ([chris.m.bickett@gmail.com](mailto:chris.m.bickett@gmail.com))

Camp Director - Pastor Dominique Clements ([dominique@thinkriver.net](mailto:dominique@thinkriver.net))

\* Required

1. **Email address \***

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## Important Reminder

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After completing this registration please be sure to print and sign this registration form and submit it to your local Wesleyan Church along with your payment of \$199 in order to confirm your camper's registration. Your camper will not be allowed to leave for camp without this form filled out and submitted.

## Camper's Information

Please register only ONE camper at a time

2. **First Name \***

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3. **Last Name \***

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4. **Gender \***

Mark only one oval.

Female

Male

5. **Birthday \***

Example: December 15, 2012

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6. **Grade Completed \***

Mark only one oval.

3rd

4th

5th

**7. Church \****Mark only one oval.*

- Baker Street Wesleyan Church
- Beulah Wesleyan Church
- Burr Wesleyan Church
- City Church
- Coulee Life Church
- Darrow Road Wesleyan Church
- Eau Claire Wesleyan Church
- Hancock Wesleyan Church
- Hayward Wesleyan Church
- Hillside Community Church
- Hillsboro Wesleyan Church
- Iglesia Cristiana Wesleyana Case De Dios
- Iglesia Cristiana Casa De Restauracion
- Janesville Wesleyan Church
- Mt Pisgah Wesleyan Church
- North Ridge Church
- Northern Lakes Community Church
- Red Cedar Church
- Spooner Wesleyan Church
- Stone Lake Wesleyan Church
- The Fountain
- The River
- Valton Wesleyan Church
- West Allis Wesleyan Church
- Woodland Wesleyan Church
- Other

**8. Please Specify Other Church**

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**9. T-Shirt Size (Youth) \****Mark only one oval.*

- XS
- S
- M
- L
- XL

**10. Room Request**

Please submit only ONE request. While we will do our best to honour all requests, we cannot guarantee all requests.

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## Emergency Contact Information

### Primary Contact

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**11. First and Last Name \***

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**12. Primary Phone Number \***

Please specify: mobile, home, work, etc.

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**13. Secondary Phone Number**

Please specify: mobile, home, work, etc.

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**14. Address**

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**15. Relationship to Camper \***

Mark only one oval.

Mother

Father

Guardian

Other Family Member

Family Friend

### Secondary Contact

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**16. First and Last Name**

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**17. Primary Phone Number**

Please specify: mobile, home, work, etc.

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**18. Secondary Phone Number**

Please specify: mobile, home, work, etc.

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**19. Address**

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**20. Relationship to Camper**

Mark only one oval.

- Mother
- Father
- Guardian
- Other Family Member
- Family Friend

## Medical and Media Waiver

**21. Insurance Company \***

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**22. Policy Number \***

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**23. Does Your Camper Have Any of the Following? \***

Check all that apply.

- Asthma
- Bed Wetting
- Diabetes
- Dietary Needs
- Medications
- Sleep Walking
- Special Needs
- Other: \_\_\_\_\_

24. If you selected any above, please elaborate here: \*

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25. Any Allergies, Chronic Illness, or Medical Conditions? \*

Mark only one oval.

Yes

No

26. If you selected yes above, please elaborate here: \*

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27. Please list ALL medications (name, dosages, and instructions) you are currently taking (and will need to take at camp): \*

Prescription medications MUST have a pharmacy label. Please bring ONLY the amount of medications needed for the week of camp. EACH medication must be in its OWN labeled ziplock bag. ALL medications must be turned into the Camp Nurse at the time of check in at camp.

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28. Additional Information?

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**29. Permission and Medical Release \***

By signing this form, I am giving permission for my student to participate in any and all camp-related activities through WI Kids Camp and its appointed and approved staff, including, but not limited to, being transported to and from related activities by pre-arranged transportation. In the event of minor aches or pains, I give permission for my child to receive Tylenol or Ibuprofen as approved and dispensed by appointed, professional camp health care supervisor. This medical history is correct to the best of my knowledge. I authorize the camp health care supervisor to administer above medications to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp health care supervisor to hospitalize and secure proper treatment for my child.

*Mark only one oval.*

Yes

**30. Media Release \***

I grant to WI Kids Camp, its representatives and employees the right to take photographs of me and my property (children) in connection with any WI Kids Camp related activity, project, special event, or regular programming. I authorize WI Kids Camp, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that WI Kids Camp may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

*Mark only one oval.*

Yes

**31. Name \***

(Parent or Guardian)

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**32. Signature**

Please sign here after printing (Parent or Guardian)

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**33. Date \***

*Example: December 15, 2012*

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A copy of your responses will be emailed to the address you provided

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