

Camp Chetek Summer Camp Registration 2012

Complete this form thoroughly and carefully. Please print clearly.

Please Select a Camp Week:

- | | |
|--|---|
| <input type="checkbox"/> Junior Camp 1 – June 18-23
<input type="checkbox"/> Junior Camp 2 – June 25-30
<input type="checkbox"/> Junior Camp 3 – July 9-14 | <input type="checkbox"/> Teen Camp 1 – July 16-21
<input type="checkbox"/> Teen Camp 2 – July 23-28
<input type="checkbox"/> Teen Camp 3 – July 30-August 4 |
|--|---|

Check One:

-
- Male Camper
-
-
- Female Camper
-
-
- Adult Sponsor

Camper Information:

Camper First Name: _____ Camper Last Name: _____

Birth date: _____ Grade: _____ Age: _____

Parents/Guardians Names: _____

Campers Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home e-mail address: _____

Home Church: _____ City: _____ State: _____

Church coming to camp with (if different from above): _____ City: _____ State: _____

Signatures Required:

I authorize minor treatment and administration of necessary medications to this camper. I also authorize emergency medical treatment for this camper and accept the responsibility for medical expenses incurred on behalf of this camper. I understand that a reasonable effort will be made to contact me prior to treatment. This authorization is in effect for the week(s) the camper is at camp.

Parent/Guardian Signature

Daytime Phone

Evening Phone

I have read the information on the summer brochure and agree to comply with dress standards, conduct standards, and assume responsibility for equipment damage fees.

Camper Signature

I have read the information on the summer brochure and agree to support Camp Chetek with dress and conduct standards for my camper while at camp. I also understand that my child's picture may appear on Camp Chetek publications or website.

Parent/Guardian Signature

Medical and Insurance Information:

This section must be completed by a parent or guardian for registration to be finalized. Personal or church insurance will be primary and camp insurance will be secondary.

Prescription Medications: _____

Allergies: _____ Date of last tetanus _____

Does the camper have any conditions that would restrict from participation in normal program activities: _____ If yes, please explain on a separate sheet.

Insurance company: _____

Group and Policy Numbers: _____

Name of Policy Holder: _____

Emergency Contact: _____

Contacts Phone Number: _____

Contacts relationship to camper: _____

Fee Information

I am enclosing...

\$40 Deposit (Required to hold space, Nonrefundable)

Plus (if applicable):

\$25 Bus Reservation Fee (Refer to bus chart in camp brochure for availability and choose the location of pick up. Exact times and places of pick up and drop off will be sent with confirmation of registration. The bus may be canceled due to lack of interest.) **Location** _____

\$ _____ Toward Camper Fee

Total Enclosed: \$ _____

All camper fees are due on or before arrival at camp.

Sponsor/Camper Costs

Regular	\$225.00
Early Bird Discount	\$215.00*
Full Payment Discount	\$205.00**

Discounts

For every 10 campers per summer, one adult sponsor may come free.

*Registration form and \$40 deposit post marked by **March 1st**

Registration form and \$205 payment postmarked by **March 1st

Please send completed forms and fees to:

Camp Chetek
PO Box 26
Chetek, Wisconsin 54728
Additional registration forms available at
www.campchetek.org