

Camp Wannado

Camp Registration Form

Family Last Name _____

Child 1 _____ Child 2 _____ Child 3 _____

STREET ADDRESS:			PARENT PASSWORD:
CITY	STATE	ZIP	PARENT E-MAIL
STUDENT MEDICAL INSURANCE CARRIER :			POLICY #
MOTHER/GUARDIAN	MI	LAST	
HOME #	CELL#	WK#	
FARTHER/GUARDIAN	MI	LAST	
HOME #	CELL#	WK#	

EMERGENCY AND AUTHORIZATION PICK-UP: In addition to the parents/guardian listed above, children will only be released to persons listed below. ALL (3) THREE MUST BE FILED

CONTACT: _____ HM: _____ CELL: _____

CONTACT: _____ HM: _____ CELL: _____

CONTACT: _____ HM: _____ CELL: _____

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW

I hereby state that my child(s) is physically and mentally capable of safe participation at Camp Wannado. I assume all risk and hazard incidental to the conduct of this program. I agree that Camp Wannado shall not be responsible for any personal injuries or losses sustained by my child(s) while on any Camp Wannado owned or contracted premises, vehicles, or as a result of any Camp Wannado sponsored activities. I further hold Camp Wannado of any claims or demands arising out of such injuries or losses. I also authorize Camp Wannado to obtain medical treatment for my child(s) in the event I the parent/guardian or emergency contacts cannot be reach. I understand and agree to abide by all the policies therein stated. I also authorize my child(s) to participate in Camp Wannado activities and Field Trips, and to be transported in the use of Camp Wannado owned, and/or contracted transportation.

Signature* _____ Date _____ ** Must be 18 years or older and be the parent or legal guardian to authorize registration.*

Print Name: _____