



DNR

Camp Wildwood 2009

June 21st – June 27th, Kings Mountain State Park, SC

Name _____ Birthdate ____/____/____ Sex ____ Age ____ T-Shirt Size _____
M-L- XL Only

Address _____ City _____ State ____ Zip _____

Social Security Number of Camper XXX - XX - _____ Email Address _____

Parent/Guardian _____ Phone numbers _____
Home Phone Number Emergency Phone Number

Camp Fee Paid By _____
Name of Club or Organization Street Address State Zip

Have you ever attended Camp Wildwood Before? Yes / No (Circle one)

PARENT/GUARDIAN and CAMPER PLEASE READ AND SIGN THE BELOW AGREEMENT

I / We agree to comply with the rules and regulations of Camp Wildwood and fully understand and accept the authority of the Camp Director to dismiss any camper for health, safety or disciplinary reasons. We further understand that we are responsible for providing transportation of the above named camper **to and from** Camp Wildwood during the camp period.

The above named camper has my permission to engage in any and all camp activities except as noted on the health examination form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment, hospitalize and to order injections, anesthesia or surgery for the above named camper. I / we agree that the Camp, its sponsors and the camp staff are released from liability in connection with medical treatment and unavoidable accidents.

I / we certify that the above named camper has completed the ninth (9th) Grade.

Parent / Guardian _____ Date _____ Camper _____ Date _____
Insurance Company _____ Policy Number _____

Note: Please return this application, teacher referral form, recent photo, copy of insurance card, and check in the amount of \$125.00 to:

Camp Wildwood
PO Box 167
Columbia, SC 29202

Please attach picture here

Once a camper has been accepted into the Camp Wildwood Program, a health form will be sent to you. At that time please arrange for a physical. Have the required form completed and returned. We will accept a prior physical if it is within ONE (1) year. Please wait for your acceptance letter before arranging and paying for a physical. For more information visit www.wildwoodfamily.com

Check List - What Needs To Be Turned In

- Application
- Registration Fee (\$125.00)
- Copy of Insurance Card
- Recent Picture of Camper
- Teacher Referral Form

CAMP USE-- don't write in this box.

Fee Received _____ Amount \$ 125.00

Check number _____

Sponsor _____

Referral Form: Sent _____ Rec _____

Health Form: Sent _____ Rec _____

| | | |
|-------|-------|-------------|
| Cabin | Niche | Swim Status |
|-------|-------|-------------|

| | | |
|---------------|----------|-----------|
| | Check In | Check out |
| Staff | _____ | _____ |
| Nurse | _____ | _____ |
| Camp Director | _____ | _____ |

DEADLINE for PAYMENT is May 15, 2009
No refunds will be processed after this date.