

2008 Enrollment Form

Camper Name _____

Gender: M F

Address _____

DOB _____ School Name _____

School grade in 2007-2008:

- K 5
 1 6
 2 7
 3 8
 4

T-shirt size:

- Youth S Adult S
 Youth M Adult M
 Youth L Adult L
 Adult XL

Swim Level: Does Not Swim Beginner Intermediate Advanced

Mother's Name _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Father's Name _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

With whom is child living? _____

Are Parents: Married? _____ Divorced? _____ Separated? _____ Death of a parent? _____

*If child is living with stepparent please include business and home numbers of both natural and stepparent

Church Affiliation (if applicable) _____

EMERGENCY CONTACT IF PARENTS CAN NOT BE REACHED

Name: _____ Relation to child: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Pager: _____

**** CONTINUE ON REVERSE ****

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Weeks your child will be attending:

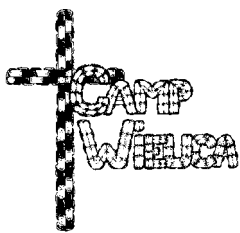
- | | |
|--|--|
| <input type="checkbox"/> <i>June 2 – June 6</i> | <input type="checkbox"/> <i>July 7 – July 11</i> |
| <input type="checkbox"/> <i>June 9 – June 13**</i> | <input type="checkbox"/> <i>July 14 – July 18</i> |
| <input type="checkbox"/> <i>June 16 – June 20</i> | <input type="checkbox"/> <i>July 21 – July 25</i> |
| <input type="checkbox"/> <i>June 23 – June 27</i> | <input type="checkbox"/> <i>July 28 – August 1</i> |
- No camp June 30 – July 4*

How did you hear about Camp Wieuca?

- My child has attended summer camp or after school previously.*
- Sibling*
- School*
- Church*
- Internet*
- Camp Expo*
- Friend (name: _____)*
- Other: _____*

Please indicate which activities might interest your child.

- | | |
|--|--|
| <input type="checkbox"/> <i>Arts/Crafts</i> | <input type="checkbox"/> <i>Baseball</i> |
| <input type="checkbox"/> <i>Drama</i> | <input type="checkbox"/> <i>Soccer</i> |
| <input type="checkbox"/> <i>Dance</i> | <input type="checkbox"/> <i>Softball</i> |
| <input type="checkbox"/> <i>Rock Climbing/Ropes Course</i> | <input type="checkbox"/> <i>Cheerleading</i> |
| <input type="checkbox"/> <i>Archery</i> | <input type="checkbox"/> <i>Basketball</i> |
| <input type="checkbox"/> <i>Music</i> | <input type="checkbox"/> <i>Football</i> |
| <input type="checkbox"/> <i>Community Service Projects</i> | <input type="checkbox"/> <i>Other: _____</i> |



2008 Release Form

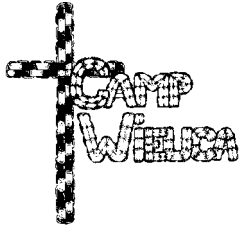
I, _____, do hereby give permission for my child, _____ to participate in the scheduled activities of Camp Wieuca (including all events on campus as well as scheduled field trips sponsored by the camp) from June 2 – August 1, 2008. Furthermore, I hereby release and discharge the Wieuca Road Baptist Church and its authorized representatives and professional volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

Date

Signature of Parent or Guardian

I certify that my child was born before August 1, 1998, and I give my permission for him/her to participate in the high ropes course.

(signature)

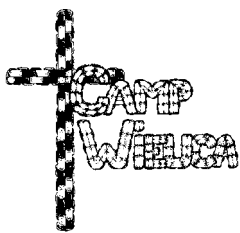


2008 Transportation Form

I, _____, do hereby give my permission for my child, _____, to be transported to and from Camp Wieuca for various scheduled field trips throughout the summer of 2008 (June 2 -August 1). I understand that my child will be transported on buses contracted through Sampson Tours, or on the Wieuca bus, driven by a certified employee or volunteer. Furthermore, I hereby release and discharge the Wieuca Road Baptist Church and its authorized representatives and professional volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

Date

Signature of Parent or Guardian



2008 Pick-up Authorization Form

Child's Name: _____

Parent or Legal Guardian: _____

Please list any individual you wish to authorize to pick up your child from camp this summer. If you need to add to or subtract from this list, please contact us to keep the list current. Pick-up people will still need to be designated each day, but this list will make it easier for you to call in and change the designated pick up person on any given day.

Please list all people who you feel may potentially be asked to pick up your child from Camp Wieuca:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

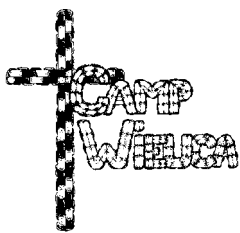
Is there anyone who IS NOT authorized to pick up your child from Camp Wieuca? Please list them below.

1. _____
2. _____
3. _____
4. _____
5. _____

I, _____ attest that I have filled out the above information.

(Please print name here)

Please sign here X _____



2008 Health Form

Child's Name _____ DOB: _____

Physician's Name _____ Phone _____

Insurance carrier: _____ Group # _____

Please fill out the following information about your child's health history.

ALLERGIES Please check here if none.

Please list all known. Reaction/Management

Medication allergies:

Food allergies:

Other allergies (insects, animals, plants, etc.)

MEDICATIONS Please check here if none.

1. Name of medication _____ Dosage _____

Time taken each day: _____ Reason for taking _____

2. Name of medication _____ Dosage _____

Time taken each day: _____ Reason for taking _____

(Attach additional page for more medications)

DIETARY RESTRICTIONS: Please list below.

CONTINUED ON REVERSE

HEALTH QUESTIONNAIRE:

(Explain "yes" answers below)

Has/does your child:	Yes	No		Yes	No
1. Had any recent injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (knees, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (rash, acne, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye gear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had emotional difficulties for which		
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

**Attach copy of immunizations, or have physician's office fax a copy to (404) 814-4468, Attn: Camp Wieuca.
YOUR FILE IS NOT COMPLETE UNTIL WE HAVE RECEIVED THIS INFORMATION!**

Parent/Guardian Authorization:

This health history is complete and correct to the best of my knowledge.

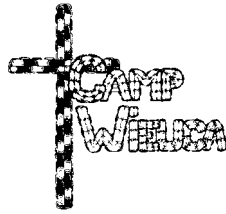
I hereby give permission to Camp Wieuca to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I give permission for the camp to transport my child to the nearest hospital, or to arrange for an ambulance, in case of an emergency.

I understand that the information I have provided is kept confidential. Access is limited to the camp head staff and my child's counselor, and will be shared with medical personnel only in case of an emergency.

Signature of parent or guardian

Date

For office use only:	Screened by _____
Date screened _____	Meds received _____
Notes _____	



I, _____ have read, understand, and agree to follow all policies outlined in the Parent Handbook. I understand that if I have questions at any time regarding camp I may address any member of the management team of Camp Wieuca. _____ (Please initial)

I have read the rules listed for campers and will help my child be aware of them and help him or her to follow these rules in any way I can. I agree to work with the camp staff in dealing with any issues that may arise regarding my child's behaviors and actions while at camp. _____ (Please initial)

I give Camp Wieuca permission to photograph my child participating in camp activities and use those photographs in promotional materials for camp. _____ (Please initial)

_____ Signature

_____ Date

Child's Name _____

(Please Print)