



# 2017 Camp Wilani Registration Form

Complete both sides of this form including all requested contact information. Scan and e-mail to: [wilanicouncil@yahoo.com](mailto:wilanicouncil@yahoo.com) or send to Camp Fire Wilani, 380 Q Street, Suite 260, Springfield, OR 97477. **One form per child**. Request additional forms from email address above. PLEASE INCLUDE **NON-REFUNDABLE DEPOSIT OF \$65 DAY/MINI/TIA** or **\$150 RESIDENT**. **Registration is not complete without deposit.**

OFFICE USE ONLY	
Session	_____
Rcpt #	_____
Amt	_____
Date	_____
By	_____

## CAMPER INFORMATION

Please Print *Clearly*

Grade Sept. 2017 \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Free T-Shirt: Please Circle Size: Youth: X-Small Small Medium Large Adult: Small Medium Large X-Large 2XL

Circle summers child attended Wilani: 09 10 11 12 13 14 15 16 How did you hear about Camp Wilani? \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Please provide complete phone & other contact information

Parent 1:  Mother  Father  Guardian

Parent 2:  Mother  Father  Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Lives with child  Yes  No

Lives with child  Yes  No

## EMERGENCY CONTACT INFORMATION

\*This person will be contacted if Parent or Guardian is unavailable.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Please provide complete phone numbers with area codes

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PERMITTED TO PICK UP MY CHILD

**(PHOTO ID REQUIRED NO EXCEPTIONS)**

All campers are released at the end of camp to their parent/guardian or one of the individuals listed below.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Will your child ride the bus to Day Camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Wilani staff will do their best to accommodate **buddy requests**. Requests are **NOT** a guarantee as age difference and camper ratios limit our options. **Buddies must choose each other and be in the same grade for day camp.**

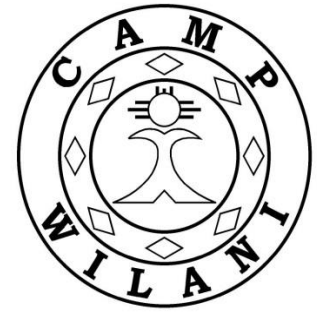
1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**CAMP SESSION ENROLLMENT**

1<sup>st</sup> Choice: \_\_\_\_\_ Fee \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Fee \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Fee \_\_\_\_\_



**Day Camp Thursday Overnight Option grades 4 - 8. Fee \$35**

**PAYMENT**

Total of all Camping Sessions \_\_\_\_\_

Campership donation to assist low-income campers (optional) + \_\_\_\_\_

**DEPOSIT DUE (Deposit required for each registered camp session.)**

\$150 Deposit for Resident Camp - \_\_\_\_\_

\$65 Deposit for Day Camp, Mini Camp, or TIA - \_\_\_\_\_

**DISCOUNTS**

Camp Fire member discount (applies to resident camps only) Council \_\_\_\_\_ -\$20 \_\_\_\_\_

Cabin Buddy (see front to designate name of buddy) -\$10 \_\_\_\_\_

Camp Cash (Camp Fire Member Candy Sale Incentive, please attach certificate) - \_\_\_\_\_

Multiple Child (applies to siblings only. No discount on first child.) -\$10 \_\_\_\_\_

Additional discount if paid in full by May 1, 2017. -\$20 \_\_\_\_\_

**REMAINING BALANCE**

\_\_\_\_\_

**(To qualify for discounts listed above, full balance is due with signed health form at least two weeks before session begins.)**

*Please make checks payable to Camp Fire Wilani*

Please circle card type: Visa    Master Card    American Express

Charge the following to my credit card: \$ \_\_\_\_\_ Card # \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Street address of card holder \_\_\_\_\_ Zip \_\_\_\_\_

**Request for financial assistance**

I am requesting financial aid forms. The required deposit is enclosed with this registration. Financial Aid Forms must be filled out completely and returned by **June 1, 2017**. If the award does not meet your needs, your deposit will be refunded.

**Yes, please send me a form (one per camper) \_\_\_\_\_**

# Camp Wilani

# 2017 PARENTAL RELEASE

Please read and initial each section below. Return to the Camp Fire office along with the registration form.

Parents may find it convenient to keep a copy of this form.

1. I understand that a deposit of **\$150/\$65** is the minimum payment required for each registration to be complete. Regardless of registration date, the registration fee is nonrefundable, but is transferable to another session or to siblings that are attending Camp Wilani in the same year. Please see detailed refund policies contained in the brochure. **Written notification of cancellation is required.** I agree to pay any remaining balance no later than **2 weeks prior** to the start of the chosen camp session or risk having the enrollment canceled. \_\_\_\_\_
2. I have read the refund policy as stated in the brochure. I understand and agree to the terms. \_\_\_\_\_
3. My child or ward has permission to participate in Camp Fire activities during the sessions(s) for which he/she is enrolled. I understand that Camp Fire activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants. \_\_\_\_\_
4. I authorize Camp Fire to provide appropriate routine and emergency care for my child and any dispensing of medication and/or transportation necessary for that care. I understand that I will be notified as soon as possible in case of emergency, unusual illness or injury affecting my child. In the event that I can't be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize Camp Fire to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the costs of such medical treatments. \_\_\_\_\_
5. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in all activities, willing and able to abide by Camp Fire policies and able to follow the directions of Camp Fire personnel. \_\_\_\_\_
6. I have provided an accurate representation of my child's physical, emotional and mental health on the health form. \_\_\_\_\_
7. I will assure that my child will not bring valuables, money and electronic items including cell phones and/or iPads/tablets to camp. Weapons, alcohol and illicit drugs are forbidden at camp. \_\_\_\_\_
8. I will monitor my child's use and distribution of any photos taken at camp to assure they are not used inappropriately nor posted on the internet without permission of all the people in the picture. \_\_\_\_\_
9. **Photographic release:** I consent to the taking and use of any photographs, film or recordings while attending Camp Wilani. Camp Wilani may use the photo, film or recording for publicity, promotional or instructional purposes. I waive the right to inspect or approve the photographs or electronic material and waive the right to royalties or other compensation arising from or related to the use of such materials. \_\_\_\_\_

**Optional:** If you **do not want** your child's photograph used for promotional purposes, initial here. \_\_\_\_\_

10. I understand that both the balance of the Camp fee and health form is due 2 weeks prior to the start of the session my child will be attending, or my child may lose his or her session choice, and **I WILL BE CHARGED A \$40 LATE FEE.** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

