



2018 Camp Wilani Registration Form

Complete both sides of this form and **mail** to:
Camp Fire Wilani, 380 Q Street, Suite 260, Springfield, OR 97477
One form per child, request additional forms from wilanicouncil@yahoo.com
PLEASE INCLUDE A NON-REFUNDABLE DEPOSIT OF \$65 DAY/ \$150 RESIDENT

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

CAMPER INFORMATION Please Print

First Name: _____ Last Name: _____ Age: _____

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

Home Phone: _____ Gender: Male Female Date of Birth ____/____/____ Grade Sept. 2018 _____

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

Circle summers child attended Wilani: 10 11 12 13 14 15 16 17 How did you hear about Camp Wilani? _____

PARENT/GUARDIAN 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: _____

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: _____

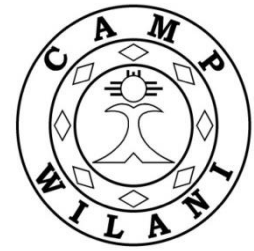
Will your child ride the bus to Day Camp? Yes _____ No _____

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.**

1st Choice: _____ 2nd Choice: _____

CAMP SESSION ENROLLMENT



1st Choice: _____ Fee _____

2nd Choice: _____ Fee _____

3rd 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 - _____

\$100 Deposit for Day Camp/Mini Camp - _____

\$65 Deposit for Day 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 April 30, 2018 -\$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 25, 2018. If the award does not meet your needs, your deposit will be refunded.

Yes, please send me a form (one per camper) _____

Camp Wilani

2018 PARENTAL RELEASE

Please read and initial each section below. Return to the Camp Fire office along with the health 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: _____

