

# Online Registration Release Form



Please PRINT, fill out, sign, and return this form.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

Med. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*(Please note: Our insurance will be secondary. Your insurance will be considered the primary in case of accident or injury.)*

Medications & Instructions: \_\_\_\_\_

Allergies (list): \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Camper is physically healthy and able to participate in the camp program except: \_\_\_\_\_

List health, behavioral, emotional problems, infectious diseases: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Wild Adventure       | <input type="checkbox"/> Switchback20        | <input type="checkbox"/> Junior Survival Two |
| <input type="checkbox"/> Teen Survival        | <input type="checkbox"/> Switchback13        | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Science and Creation | <input type="checkbox"/> Junior Survival One |  |

## Authorization and Medical Release

I, the undersigned parent or guardian, hereby consent to my child participating in the activities sponsored by The Wilderness Christian Camp. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the opposite side of this form. In the event that an emergency occurs, I hereby authorize an adult in charge of said group, to make emergency medical decisions for my child, including consent for surgery, injection, anesthesia, or dentistry if required. If there are any activities I do not want my child to be involved in, I have listed them on the opposite side of this form. My insurance coverage shall be primary and The Wilderness Christian Camp's insurance shall be secondary.

I understand and hereby agree to assume all of the risks which may be encountered during camp, including activities preliminary and subsequent thereto. I do hereby agree to hold The Wilderness Christian Camp and its staff harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, including injury resulting in death.

By sending my child, I do understand that photos and or videos of my child may be taken and possibly used for future promotion of The Wilderness Christian Camp as deemed important by its staff or agents. I hereby give royalty free consent to photograph and or video my child for the purpose of promotion and documentation.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and the terms of this release are contractual. This is legally binding agreement that I have read and understand.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## WHAT DO I DO WITH THIS FORM?

- STEP 1.** - Print this form.
- STEP 2.** - Fill out entire form.
- STEP 3.** - Sign and date at the bottom.
- STEP 4.** - Return this form to camp office.

*(This form can be mailed to the below address or it can be brought to camp on the day of check-in. All campers are required to have this form filled out and signed in order to attend camp.)*

### The Wilderness Christian Camp, Inc.

P.O. Box 51,  
Ravenswood, WV 26164  
(304) 512-1162