

CAMP WILDWOOD SUMMER DAY CAMP 2025**CAMP DATES: June 9-20, 2025****APPLICATION DEADLINE: June 9, 2025****REGISTRATION FEE: \$100**

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ GENDER: MALE FEMALE

T-SHIRT SIZE: (circle one)

YOUTH: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE XLARGE XXLARGE XXXLARGE

PARENT/GUARDIAN (PRINT NAME): _____

STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HEALTH INFORMATION

The camp is required to have a current health history and a medical emergency authorization on file for each participant. The following information is requested for the benefit of the participant and will be handled confidentially. It will be reviewed by the on-site camp director and emergency personnel only. The camp reserves the right to require a physician's release prior to participation in the program.

Physician's Name _____ Phone (____) _____

Does the participant (if yes, please explain on separate sheet):		YES	NO
1.	Have his/her Hepatitis B Vaccination Series?	[]	[]
2.	Have all required immunizations up to date?	[]	[]
3.	Take any medications (prescription or otherwise)? Include names of medication(s).	[]	[]
4.	Have any allergies or reactions to medications?	[]	[]
5.	Have any heart trouble?	[]	[]
6.	Have epilepsy, convulsions or paralysis?	[]	[]
7.	Have diabetes?	[]	[]
8.	Have any recurring or chronic illness?	[]	[]
9.	Have a record of any serious injuries, operations or past medical treatment?	[]	[]
10.	Have any current of recurrent diseases?	[]	[]
11.	Have any dietary restrictions?	[]	[]
12.	Have any physical or medical disabilities, handicaps, or any other restrictions on normal camp activities?	[]	[]
13.	Have a history of psychiatric counseling or hospitalization?	[]	[]
14.	Have any behavioral concerns we should be made aware of? Explain.	[]	[]
If you answered "yes" to any of the above questions, please explain on a separate sheet and write "Health History Attachment" on the top of the sheet.			

PARTICIPANT RELEASE AND HOLD HARMLESS AGREEMENT

While at Camp Wildwood, children may be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. I understand that there are certain injury risks associated with being in a natural environment such as camp and there is a risk of being injured in such activities as swimming, other water activities, challenge courses, and other outdoor activities. Although each child will be closely supervised some activities may involve inherent risks including possible personal injury, or property damage. I recognize the risks involved and give my permission for the camper named herein to participate in all camp activities (except those listed by parent/guardian).

By signing below, on behalf of the above named child, I agree to waive, release and discharge any and all claims for damages for personal injury, death, or property damage which the child may have or which may hereafter accrue to the child as a result of participation at Camp Wildwood.

As parent or guardian for the named child, I further agree to forever hold harmless and indemnify Camp Wildwood, its agents, employees and Board from any and all liability arising from any losses of personal property or any bodily injury incurred by the child on or off Camp Wildwood property, or in connection with any of Camp Wildwood's activities or programs. I will defend and indemnify Camp Wildwood and others named herein from any loss or damage including any that results from claims or lawsuits for personal injury, death and property loss and damage brought in behalf of the named child relating in any way to participation through Camp Wildwood.

DISCIPLINE/BEHAVIOR ISSUES

Extreme disciplinary problems will NOT be tolerated. Our purpose of the camp is to give children vital information in a fun and exciting manner. However, when having to deal with disciplinary problems, it makes camp uninteresting to other campers as well as the camp staff. Please advise your child of their purpose and behavior during camp participation. I understand that my child may be removed from Camp Wildwood Summer Day Camp as a result of his or her behavior issues. All camp fees are nonrefundable.

FIELD TRIP RELEASE

I give permission for my child to participate in the field trip to Whirlin Waters on the second Wednesday of camp. I understand that transportation will be provided by Camp Wildwood Summer Day Camp. Any child traveling on the field trip from Camp Wildwood base camp with the group will return to Camp Wildwood base with the group. For security reason, no pickup or drop-off in route is permitted. I release Camp Wildwood Summer Day Camp, its staff, and counselors from any and all causes of action and/or liabilities incurred in the transportation of my child to and from Camp Wildwood Summer Day Camp.

PHOTO / MEDIA RELEASE

I grant permission to Camp Wildwood and persons acting for or through them, the rights to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this form at Camp Wildwood for use in promotional materials, including website posting, without expectation of compensation.

PARTICIPANT MEDICAL RELEASE

The health history provided is correct to the best of my knowledge, and the applicant has permission to engage in all prescribed activities, except as noted on a separately-prepared sheet labeled "Participant Medical Release Attachment" and attached to this form. If medical treatment is warranted in the discretion of the staff of Camp Wildwood, or if surgical care is recommended by a physician selected by the staff of Camp Wildwood, then I give permission to authorize treatment for the applicant. (All efforts to notify the parent, legal guardian or emergency contact person will be made first).

IN CASE OF EMERGENCY

I understand that first aid will be available if injury occurs. If a serious injury develops, medical emergency care, i.e. Emergency Medical Service (EMS) will be contacted. I further understand that I will be notified in case of serious injury or illness. However, if it is impossible to contact me, I give my permission for the Camp Wildwood Summer Day Camp staff to contact the person(s) listed below and EMS at my expense for my child named above.

CONTACT PERSONS IN CASE OF AN EMERGENCY

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PERMISSION TO RELEASE

I authorize the following person(s) named below, other than myself, to pick up my child/children from camp.

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PARENT/GUARDIAN AGREEMENT

A signature is required for a reservation and to participate at Camp Wildwood. By signing, you are stating the information herein is true and accurate. Your signature also confirms that you have read, understand, and agree with the requirements for participation with Camp Wildwood Summer Day Camp.

Parent/Guardian Printed Name _____

Date _____

Parent/Guardian Signature _____

Relationship _____

Health History Attachment

CAMPER FIRST NAME: _____ CAMPER LAST NAME: _____