

7093 W. Wonder Valley Rd., Salem, IN 47167 • phone: (812) 883-4964 fax: (812) 883-7022 • email: info@wondervalleycamp.com

Registration Form

Please fill out both sides completely and sign.

O First Time Camper at Wonder Valley Christian Camp

Event Name Date Received Date Confirmed Check # Amount Received \$ Name on Check	
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attest that the camper for whom this application is made is in good physical condition and is able to participate in all camp activities. Exception: Oute of last tetanus booster: Allergic to bee stings: O yes O no Other allergies: From the camper has had a history of drug allergies, please list: Please list all medicines presently being taken by camper: List any non-prescription drug restrictions: Street communicable diseases? O yes O no If no, explain: Attach additional page if needed. Has camper had serious injury or surgery? O yes O no If yes, explain: Attach additional page if needed.	camper's name	email				
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		* Siloh Ist Mod					Neadow Camy you may dec register is eitl Of actual	egal guardian egal guardian ity of Washin special super in no way ho Valley Christ
							* Dorm choice is only necessary for Main/Meadow Camp events. Dorm codes - Girls' dorms: M = Macedonia; J = Jerusalem; E = Egypt; B = Bethlehem - Boys' dorms: M = Macedonia; C = Capernaum; B = Bethany *** If this is your first time to attend WVCC, you may deduct \$10 from your first overnight event. If you are a First Time Camper, you are not eligible for the Bring-A-Friend discount. *** The minimum you must enclose to pre-register is either \$25 for week long events, or \$15 for shorter events. See the events page, or check our website, wondervalleycamp.com **** NOTE: Our fees are only \$0% of actual cost. We rely on donations from those who want to partner with WVCC in this ministry.	I want to partite with God's fillinistry at wyce. It have enclosed an administry and camper a minor. I authough state that I am the parent or legal guardian of (Printed Name of Camper) Christian Camp, in the city of Salem, county of Washington, state of Indiana, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital cabove named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is ma land will in no way hold the camp management responsible for any accident that might befall the applicant caused by negligence or disobedience on the part cunderstand that registration gives Wonder Valley Christian Camp permission to use registrant's image in publicity materials (photos, videos, quotes) unless I (we) have indicated otherwise.
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Mail completed and signed pre-registration form along with pre-registration fee(s) to: Wonder Valley Christian Camp • 7093 W Wonder Valley Rd. • Salem, IN 47167 This form can also be downloaded from our website, www.wondervalleycamp.com/forms-and-brochures X
Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian