



WONDER VALLEY CHRISTIAN CAMP

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.

First Time Camper at Wonder Valley Christian Camp

Office Use Only	Event Name _____
	Date Received _____
	Date Confirmed _____
	Check # _____ Amount Received \$ _____
	Name on Check _____

camper's name _____ email _____

address _____ phone _____

city _____ state _____ zip _____ birthdate _____

school _____ **T-Shirt Size** (Must register by May 8 to get a free camp t-shirt) _____

grade this fall _____ age _____ gender: male female baptized: yes no

father's name _____ phone _____

address (if different from camper's) _____

city _____ state _____ zip _____

email _____ cell _____

employer _____ work phone _____

mother's name _____ phone _____

address (if different from camper's) _____

city _____ state _____ zip _____

email _____ cell _____

employer _____ work phone _____

Health Record

camper's physician _____ city _____ phone _____

I 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: _____

Date of last tetanus booster: _____ Allergic to bee stings: yes no Other allergies: _____

If 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: _____

Is camper free of communicable diseases? yes no If no, explain: Attach additional page if needed. _____

Has camper had serious injury or surgery? yes no If yes, explain: Attach additional page if needed. _____

Emergency Contact (in case parent cannot be reached)

name _____ phone _____ relationship to camper _____

Church Name: _____ Phone: _____ Minister: _____ Phone: _____

Pre-Registration Worksheet

Event Date	Event Name	Dorm 1st Choice*	Dorm 2nd Choice*	T-Shirt Size <small>Must register by May 8 to receive free t-shirt.</small>	Grade This Fall	Fee	Amount Your Church is Paying	Fostmarked By 5/20 Discount \$5	Bring-A-Friend** First Time Camper Discount \$10	Name of First Time Camper You Are Bringing	Total After Discounts (if any)	Amount Sent With This Card***	Amount Due At Registration
Total Pre-Registration Fee enclosed for Event(s)												\$	

* 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 50% of actual cost. We rely on donations from those who want to partner with WVCC in this ministry.
 I want to partner with God's ministry at WVCC. I have enclosed an additional donation. \$ _____

I do hereby state that I am the parent or legal guardian of (Printed Name of Camper) _____, a minor. I authorize Wonder Valley 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 care to be rendered to the above 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 made with my approval. I agree to the above statements and 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 of the campers. I (We) understand 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.

 X _____
 Signature of Parent or Legal Guardian Date

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