

# 2010 Registration Form

Camper Name		(First)	(M.L.)	(Last)
Camper Address		City	State	ZIP
Is Camper a Resident of a Group Home				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Phone Number (please circle one) Home		Group Home		Contact Person's Name for Group Home
Group Home		Email Address		
Camper's Date of Birth		Age	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Name (please circle one) Parent Guardian				
Parent		Guardian		
Address (please circle one) Parent		Guardian		State
City		Zip		
Evening Phone (please circle one) Parent		Guardian		
Daytime Phone/Cell Phone		Name of Church		
Church City		Church City		

## Camp

First Choice	Camp #	Camp Dates
Second Choice	Camp #	Camp Dates
Does camper have a roommate request _____		

Representatives of the camp may record, by video, photographer or other means of reproduction, the Camper's name, voice, image and physical likeness, and may use any such recorded matter for promotional purposes without further consent.

Participant's Signature \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

<b>Payment Information</b>		<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check (payable to: Wisconsin UMC Camps)	Payment Amount \$ _____
Credit Card Number		Expiration Date		
Card I.D. # (last three digits on signature strip on back of card)				
Print Cardholder Name and Address		Cardholder Signature		
Name and address of another person who must receive notification of camper confirmations				

**IMPORTANT: WI UMC Camps require first year campers and campers who have not attended for the past 3 years to include three reference letters for registration.** References may be provided by teachers, supervisors from places of employment or sheltered workshops, doctors, psychologists, or therapists. Please list the name, address, and telephone number for each reference. **If you do not provide reference letters your registration will be delayed until reference letters have been submitted.** Guidelines for admissions may be found at [www.WIUMCamps.org/specialneedsamps.html](http://www.WIUMCamps.org/specialneedsamps.html)

United Methodist Camps  
PO Box 620  
Sun Prairie, WI 53590



**COMPLETE ENTIRE FORM AND MAIL WITH FULL PAYMENT TO CAMPING OFFICE**

**WAIVER AND RELEASE AGREEMENT**

**ASSUMPTION OF RISK FOR CAMP ACTIVITIES.** The Camper has my permission to participate in camp and retreat activities, including swimming and other water activities, canoeing, hiking, ropes courses, horseback riding, rock climbing, campfires, outdoor games, athletic competitions, transportation to and from camp facilities, meals and other activities. ***THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.***

**WAIVER AND RELEASE.** The Camper and I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. ***THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.***

**DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY**

_____	_____
Parent or Guardian's Name (Printed)	Participant's Name (Printed)
_____	_____
Parent or Guardian's Signature	Participant's Signature
_____	_____
Date: _____	Participant's Date of Birth
_____	Date: _____

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## Confidential - Activities of Daily Living

**Daily Living Skills** Please provide the following information regarding the skill level and one-on-one time needed with the camper you are registering. Please describe specific needs for each skill. Your cooperation will help us provide higher quality care for the participant.

Skills	Independent	Reminders	Physical Guidance	Special Assistance	Time allowed
Showering					
Washing body					
Washing hair					
Brushing teeth					
Shaving					
Dressing					
Undressing					
Toileting					
Meal assistance					

Reading	<b>yes</b>	<b>no</b>	
Writing	<b>yes</b>	<b>no</b>	
Dietary needs	<b>yes</b>	<b>no</b>	Please attach dietary plan used at home/group home
Other	<b>yes</b>	<b>no</b>	

### Seizure

\_\_\_ N/A    \_\_\_ Grand Mal    \_\_\_ Petit Mal    Frequency \_\_\_\_\_

### Diabetic

Is camper Diabetic?    \_\_\_ yes    \_\_\_ No

Does camper require insulin?    \_\_\_ yes    \_\_\_ No

Can Camper administer their own insulin?    \_\_\_ yes    \_\_\_ No

### Communication:

\_\_\_ Speaks Clearly    \_\_\_ Speaks with difficulty    \_\_\_ Non Verbal  
 \_\_\_ Understands conversations    \_\_\_ ASL    \_\_\_ Signed English

### Disability of participant: (Please check all that apply)

\_\_\_ Mildly Disabled    \_\_\_ Moderately Disabled  
 \_\_\_ Manual Wheelchair    \_\_\_ Electric Wheelchair  
 \_\_\_ Deaf    \_\_\_ Hard of Hearing  
 \_\_\_ Cane    \_\_\_ Crutches    \_\_\_ Walker

## Confidential - Activities of Daily Living

### Daily Living Skills, continued

#### Other information about camper:

\_\_\_ Wears eyeglasses    \_\_\_ Wears contact lenses    \_\_\_ Sleepwalks  
 \_\_\_ May wander    \_\_\_ Incontinent/wears dependable pads

#### List of Medications (please add additional pages if necessary)

#### Please answer the following questions; use additional paper as needed.

By answering questions honestly and completely, camp staff will have a much better opportunity to make your campers stay the best it can be.

How does the participant interact in groups? \_\_\_\_\_

Please describe any behaviors participant has exhibited in new or stressful environments \_\_\_\_\_

What activities, events or situations frustrate, agitate, or excite camper? \_\_\_\_\_

How are the above situations most effectively handled? \_\_\_\_\_

Is the participant prone to sudden, dramatic, or violent behaviors? \_\_\_\_\_

If so, what situations seem to precipitate those behaviors? \_\_\_\_\_

Please attach any intervention plan implemented at home or work.

In what hobbies is the participant interested? \_\_\_\_\_

(All fishing enthusiasts must have a valid license in their possession to fish at camp.)

Does the participant have an animal allergies? \_\_\_\_\_

Does the participant fear animals? Please list \_\_\_\_\_

Is there any other information that we should know about your camper? \_\_\_\_\_

To the best of my knowledge, all information on this registration form is complete, correct, and accurate. ***I understand that the camper may be sent home if unable to care for own basic daily living needs.***

Signature: \_\_\_\_\_  
 Camper/Parent/Legal Guardian (please circle one)