

## Waycross Summer Camp 2009 Registration

### Camper Information: (Please print all information)

Camper's Name Last, First & Nick Name	Session(s) Requested	Gender male/ female	Date of Birth mo/day/year	Grade completed June 2009	1 <sup>st</sup> Time Camper	T-shirt Size(*) Y/A	"Buddy" Request (**)
1.		M or F			Y or N		
2.		M or F			Y or N		
3.		M or F			Y or N		
4.		M or F			Y or N		
5.		M or F			Y or N		
6.		M or F			Y or N		

(\*) T-shirt sizes (mark "Y" or "A" and the size: Youth: M L XL or Adult: S M L XL XXL XXXL)

(\*\*) **BUDDY REQUEST**, we will try to honor request, but cannot promise. Campers may request one cabin mate. The request must appear on both campers' registration forms and the campers' ages and grades must be the same or within one year of each other. **It is our policy to place siblings in different cabins.** Special circumstances need to be approved in advance by the Camp Director by calling the Waycross office at 800-786-2267 or 812-597-4241.

### Parent or Guardian Information: (Please print all information)

Name and address of parent(s) or guardian(s) camper(s) lives with:

Name (s) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State & Zip

Your relationship to camper \_\_\_\_\_

Home Phone: # \_\_\_\_\_

Work/other Phone for (name) \_\_\_\_\_ at # \_\_\_\_\_ Work/other for \_\_\_\_\_ at # \_\_\_\_\_

Cell Phone for (name) \_\_\_\_\_ at # \_\_\_\_\_

Cell Phone for (name) \_\_\_\_\_ at # \_\_\_\_\_

Parish/Church/Faith Affiliation? \_\_\_\_\_ in what City/State? \_\_\_\_\_

### 2009 Sessions and Fees

Date	Session #	Name	Type	Age(Grades*)	Session Fees	
					**Early Discount	Regular Fee
June 14-20	1A	Adventure Camp	Residential	8 to 15 yrs	\$360	<b>\$390</b>
June 14-20	1B	Leaders in Training	Sr Hi	(Grades 9-12)	\$360	<b>\$390</b>
June 21-25	2	Ready Set Camp	Residential	(Grades 1-6)	\$285	<b>\$315</b>
6/28-7/4	3A	Adventure Camp	Residential	8 to 15 yrs	\$360	<b>\$390</b>
Fri 6/26-7/4	3B	Leaders in the Community	Sr Hi-off site	(Grades 9-12)	TBA: Call	<b>TBA: Call</b>
July 12-18	4A	Creative Arts	Residential	12 to 15 yrs	\$350	<b>\$380</b>
July 12-18	4B	Pi Camp	Residential	(Grades 5-7)	\$350	<b>\$380</b>
July 19-25	5A	Christmas in July-Adventure	Residential	8 to 15 yrs	\$375	<b>\$405</b>
July 19-25	5B	Paddle Hard, Life is Short	Off site	(Grades 7-10)	\$375	<b>\$405</b>
7/26-8/1	6	Adventure Camp	Residential	8 to 15 yrs	\$375	<b>\$405</b>

\* When grade is designated, it applies to completed grade as of June 2009.

\*\*Early registration discount applies for registrations with deposits received by 3/31/2009 and balance paid by 6/1/2009.

**Complete both sides of registration form**

**CAMP FEES: (Complete for all Sessions)**

*A special note: The actual cost per camper (for Adventure Camp) is approximately \$585. If you can afford this rate and choose to pay the actual cost, you enable Waycross to offer more scholarships to campers who have a need. This will be treated as a tax deductible gift.*

*All Campers must have a paid deposit (per session) in order to reserve a space at camp.  
**NO SPACES** will be reserved without a paid deposit or approved scholarship.*

*(\* An "Early Bird" discount of \$30 per session will apply if deposit(s) is paid by March 31, 2009 & balance by June 1st.*

Total Camper Fee from all Sessions \$ \_\_\_\_\_

Deposit Amount Enclosed (\$75 per Session, non-refundable) \$ \_\_\_\_\_

Our Gift to Waycross Camper Scholarship Fund \$ \_\_\_\_\_

**BALANCE (is due 2 weeks prior to session start or 6/1 for discounted fee)** \$ \_\_\_\_\_

I will pay by: (check one)

Deposit by check/balance by check       MasterCard       Visa.

*For charge cards, the deposit will be deducted upon receipt of application with the balance deducted two weeks before session.*

**TO PAY BY CREDIT CARD:**

Name on Card: \_\_\_\_\_ Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

I agree to pay the fees listed through my credit card agreement. Cardholder Signature: \_\_\_\_\_

**Please make checks to Waycross Inc.**

**SCHOLARSHIP REQUEST**

Waycross' policy is that no child will be denied a camping experience due to financial considerations. We require families requesting scholarship assistance to complete the Scholarship Request section and have a Parish Priest or other sponsoring organization administrator acknowledge the request with his/her signature. Call Waycross at 800-786-2267 or 812-597-4241 for any information about camp or this registration. Waycross scholarships are made available by generous gifts to the Waycross Annual Fund.

Amount of Camp Fee(s): \$ \_\_\_\_\_ Amount of Family Contribution: \$ \_\_\_\_\_

Parish/Organization Support: \$ \_\_\_\_\_ Amount of Scholarship Request: \$ \_\_\_\_\_

Signature of Clergy/ Parish Administrator \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Please return this form with a **non-refundable deposit of \$75 per camper per session** to:

**Waycross Summer Camp Registration  
7363 Bear Creek Road  
Morgantown, IN 46160  
Fax Line: 812-597-4291**

**A Confirmation Packet will be mailed to you upon receipt of your camper's registration, including directions, a contract for camper conduct, and a health form. All forms must be completed and mailed back two weeks prior to the Session the camper will be attending. Every camper MUST provide a current health form and record of a physical exam (done within 2 years of camp) prior to the start of camp. Physicals may be done by a licensed medical professional (MD,DO, Nurse Practitioner or Phycian's Assistant). Campers will not be allowed to attend camp without a health form. Campers taking medications at camp need to provide signed orders for the medications to be dispensed by camp health staff.**