

Waycross Summer Camp 2010 Registration Form

For Office Use Only

Camper Information: (please print)

Camper's Name Last, First, Nick Name	Session(s) Requested	Gender M or F	Date of Birth m/d/y	Grade Completed June 2010	1 st Time Camper	Buddy Request*
1.					Y or N	
2.					Y or N	
3.					Y or N	
4.					Y or N	

***Buddy Requests:** 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.

T-shirt Sizes	Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL	Adult XXL	Adult XXXL
Number (one per camper)									

Parent or Guardian Information: (please print)

<p>Parent or Guardian 1 (Primary Contact)</p> <p>Name _____</p> <p>Relationship to Camper _____</p> <p>Address _____</p> <p>_____</p> <p>Phone # _____ Type (h/c/w) _____</p> <p>Phone # _____ Type (h/c/w) _____</p> <p>Email _____</p>

<p>Parent or Guardian 2 (Secondary Contact) (Only include information that differs from Primary Contact)</p> <p>Name _____</p> <p>Relationship to Camper _____</p> <p>Address _____</p> <p>_____</p> <p>Phone # _____ Type (h/c/w) _____</p> <p>Phone # _____ Type (h/c/w) _____</p> <p>Email _____</p>
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Parish Name: _____ City/State: _____

2010 Sessions and Fees

Dates	Session	Name	Type	Age (Grade*)	**Early Registration	Regular Fee
June 13 – 19	1A	Adventure Camp	Residential	8 to 15 years	\$365	\$395
June 13 – 19	1B	Leaders-in-Training	Sr. High	Grades 9 – 11	\$365	\$395
June 20 – 24	2	Ready, Set, Camp	Residential	Grades 1 – 6	\$285	\$315
June 27 – July 3	3	Adventure Camp	Residential	8 to 15 years	\$365	\$395
July 11 – 17	4A	Creative Arts Adventure	Residential	8 to 15 years	\$365	\$395
July 11 – 17	4B	Wilderness Canoe Trip	Off-site	Grades 7 – 10	\$365	\$395
July 18 – 24	5	Adventure Camp	Residential	8 to 15 years	\$375	\$410
July 25 – 31	6	Leaders-in-Community	Sr. High	Grades 9 – 12	\$365	\$395

*When grade is designated, it applies to completed grade as of June 2010.

**Early Registration discount applies to registrations with deposits received by 3/31/10 and balance paid by 6/1/10.

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Camp fees: (complete for all sessions indicated on front of form)

A special note: The **actual cost** per camper is approximately **\$585/week**. 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. The amount paid over the regular fee 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 an approved scholarship.*

Total Camper Fees (all sessions)	\$
Deposit Amount Enclosed (\$75 per camper per session, non-refundable)	-(\$)
Optional: Our gift to Waycross Camp Scholarship Fund	+\$
BALANCE (due 2 weeks prior to session start or 6/1 for discounted fee)	=\$

I will pay by: (check one)

Check (deposit enclosed, payable to Waycross) Visa/Mastercard Gift Card # _____

For Visa or Mastercard, the deposit will be deducted upon receipt of application with the balance deducted on or about 6/1/2010.

Name on Card: _____ Card #: _____

Exp. Date: _____ I agree to pay the fees listed above through my credit card agreement.

Cardholder signature: _____

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. Waycross scholarships are made available by generous gifts to the Waycross Annual Fund and Scholarship Fund.

Total 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: 812-597-4291

A confirmation will be emailed to you upon receipt of your camper's registration, including a link to 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 Physician'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.

Please contact Jenifer with any questions reservations@waycrosscenter.org 812-597-4241 or 800-786-2267