



CAMPER REGISTRATION

SUMMER 2010

Please read this entire page before proceeding.

INSTRUCTIONS

We highly recommend that you register your camper online. If you choose to complete the paper forms, please mail them to the camp office, with your \$150 non-refundable deposit, immediately. The papers will be processed by the registrar and you will receive an email confirmation shortly thereafter.

Questions can be directed to info@winnataska.org, or by calling the camp office at (205) 640-6741.

REQUIRED ADDITIONAL FORMS

To complete your registration for Summer 2010, you are required to bring a signed medical form, plus a copy of your medical insurance card, to registration on the first day of camp. **Do not mail in health forms to camp**; bring them with you. The health form can be downloaded from the website, under the Applications/Registrations section. If your camper is attending multiple sessions, please make a copy of the health form for each session that they are attending and bring it with you to registration.

Registration is not complete until each camper has turned in a signed, completed health form with an attached copy of your medical insurance card at registration at camp.

FIND A BUDDY

If your child does not have a friend with whom to attend camp, please check the registration form and we will connect him or her with others who are coming without buddies so they can make new friends.

IMPORTANT CAMP INFORMATION

Visit the camp website under, "Get Ready for Camp" to read about important information, such as

- What to bring
- Lost and found
- Emergency contact information
- Mail policy
- and more...

LIT (LEADERS IN TRAINING)

If your camper is entering 10th grade, they can choose to participate in our LIT training program. You do not need to submit a separate form; they register and pay as regular campers. The program is optional, and rising 10th graders will attend an informational meeting about being an LIT at the beginning of their camp session.



Completing this form, along with a \$150 non-refundable deposit, ensures your space at camp. If you are paying by another means than online payment system, please send in your deposit immediately. Full payment by May 1, 2010 guarantees your spot. Final registration is only completed when your camper arrives at registration with a signed, completed medical form, and a copy of your medical insurance card.

CAMPER INFORMATION

Last name: _____ First name: _____

Name he/she prefers: _____

Birthdate: _____ mm/dd/yyyy Gender: M F

Camp T-Shirt Size: YS YM YL YXL AS AM AL AXL A2XL

School Grade entering Fall 2010: _____ School Attended ('09-'10): _____

Camp Buddies

We are interested in the Find a Buddy Program: Yes No

(Please note: This is important for placement in cabins. The camper's buddy MUST be within 1 grade level to be placed in the same hut. Buddies who do not fall within the grade/age range may be placed in different huts. Also: It is possible that buddy groups numbering over eight may be placed in two huts.)

Please list Camp Buddies (no more than 2): _____

Camp History

If the child is a returning camper, how many years have they attended:

Winnataska: _____ Chico Village: _____ Mainside: _____ Others (specialty camps): _____

If the child has not attended previously, how did you hear about camp? *Circle one*

Friend _____ Camp Fair _____ Magazine/other publication _____ Brochure _____ Flyer _____

Internet _____ Other (please specify) _____

Medical Information:

Height: _____ Weight: _____

Health Insurance Carrier: _____ Policy Number: _____

Family Physician's Name: _____ Physician's phone number: _____

Is camper allergic to any foods? If so, please list.

Does camper wet the bed? Yes No If so, what is the best method of prevention?

Is the camper scared of the dark? Yes No

Are there any health problems the camp should know?

(Parents, if your child is on medication during the school year for any kind of physical, emotional, mental, or hyperactive condition, he/she must take what medications during camp.)

What special medication(s) is camper required to take?

Additional information that you feel would be helpful for leaders to know about your camper:

FAMILY INFORMATION

Primary Household Information

Address: _____

City: _____ Province/State _____ Zip Code: _____

Home Phone: _____

Provide contact details below for the first parent or guardian living at the SAME address as above:

Title: _____ First Name: _____ Last Name : _____

Work Phone: _____ Cell Phone/Pager: _____

Email Address (es): _____

Occupation: _____ Employed At: _____

Were you a camper, leader, director, or staff member at Camp Winnataska? Please tell us about your history:

If applicable, provide details below for the second parent or guardian living at the SAME address as above:

Title: _____ First Name: _____ Last Name : _____

Work Phone: _____ Cell Phone/Pager: _____

Email Address (es): _____

Occupation: _____ Employed At: _____

Were you a camper, leader, director, or staff member at Camp Winnataska? Please tell us about your history:

Family Information

Marital status of camper's parent(s)/guardian(s): Circle one: Married Separated Divorced Never Married
Widowed Other

Who has custody of the camper? Circle one: Mother and Father (Parents live together) Joint Custody
Mother Father Guardian Grandparents Other

To help best serve the child, please provide any notes regarding the family (i.e. recent divorce, remarriage, death, or other pertinent event):

Others in the home Brothers: _____ Sisters: _____ Siblings at camp, too _____

Emergency Contact Information

First: First Name: _____ Last Name: _____

Relationship to camper: _____ Home Phone: _____

Work Phone: _____ Cell Phone/Pager: _____

Second: First Name: _____ Last Name: _____

Relationship to camper: _____ Home Phone: _____

Work Phone: _____ Cell Phone/Pager: _____

Camp Winnataska Photography/Activity Consent

*As a parent or legal guardian of this camper, I understand and give my permission for photographs taken of my child during his/her session to be used on the Camp Winnataska website and for promotions in brochures, displays, newsletters, and other items of publicity.

*My camper has permission to participate in all camp activities for his/her age group except as noted on his/her health form.

Camp Winnataska's Covenant & Code of Conduct

I am a member of the community at Camp Winnataska. I accept, trust, and respect myself as well as all other members of our community, including adults. In all that I do, I seek to embody God's love and share that love with others. Therefore, I commit myself to this code of conduct.

*I will abide by all curfews and other rules

*I will deal with others courteously and try to maintain a positive attitude

*I will respect the rights of privacy and property of others

*I will participate and be on time for all activities

*I will bring only appropriate listening and reading material

*I will not condone or tolerate sexual harassment or abuse in any form

*I will not bring the following to camp, including but not limited to, firearms, knives, cell phones, and lighters

I WILL NOT PARTICIPATE IN (nor will I cause suspicion that I am participating in) ANY DRUG, ALCOHOL, TOBACCO OR INHALANT USE, NOR WILL I HAVE ANY OF THESE PRODUCTS ON MY PERSON OR IN MY POSSESSION AT ANY TIME! If I bring any medication, I will turn it over to the health hut for dispensation.

I have read and understand the above guidelines, and commit myself to the guidelines and objectives of this summer. I understand that any significant disregard of these guidelines will result in my immediate dismissal from camp. (This decision is left entirely to the discretion of the Program Directors.) I understand no funds paid will be refunded and the expense of the camper's return to parent(s) will be at the sole expense of the parent(s).

**INFORMED CONSENT, RELEASE, INDEMNITY & HOLD HARMLESS AGREEMENT
HIGH & LOW ROPES COURSE and CLIMBING WALL FACILITIES
FOR PARTICIPANTS, YOUTH AND USERS OF CAMP WINNATASKA**

I for my self (or as the parent or guardian of the youth participant), understand that participation in activities at Camp Winnataska, St Clair County, Alabama offered through Camp Winnataska, Inc., or its affiliates by whatever name or any combination thereof (herein referred to as "Winnataska") involves a certain degree of risk that could result in injury or death. I understand that the activities may include but are not limited to **HIGH AND/OR LOW ROPES COURSES & CLIMBING WALL**, canoes, swimming, overnight stays and other indoor and outdoor activities.

In consideration of the benefits to be derived and after careful consideration of the risk involved and in view of the fact that the above Winnataska is an organization of volunteers who have implemented certain safety procedures to which I agree for myself to comply with and consent to the rules of Camp Winnataska and this documents; and for my youth,

PRINT NAMES OF YOUTH (UNDER AGE 18) TO PARTICIPANT _____,

and in further consideration of the opportunity to participate in the Climbing Tower, High and/or Low Ropes courses and use the facilities of Winnataska, I (we) hereby release and waive any and all claims that I (we) may have against Winnataska, its affiliates, agents, servants, employees, volunteers, officers, trustees, directors, and committee members arising from my(our) or my (our child/children presence on the property of Winnataska arising from participation in any activity thereupon, whether sponsored directly by Winnataska or another organization;

I HEREBY AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS /WINNATASKA AND THEIR AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS FROM ANY AND ALL DEMAND FOR CLAIM OR ASSERTION OF LIABILITY, CLAIMS OR ACTIONS WHICH THEY MAY PAY OR BECOME OBLIGATED TO PAY; ARISING ON OR FROM THE WINNATASKA REAL OR PERSONAL PROPERTY, OR FROM MY (OUR) OR MY (OUR) CHILD'S OR CHILDREN'S PARTICIPATION IN THE HIGH AND/OR LOW ROPES COURSE OR ANY OTHER ACTIVITY THEREUPON, OR WHETHER OR NOT ARISING FROM THE NEGLIGENCE OR FAULT OF WINNATASKA, REGARDLESS OF IF SPONSORED BY WINNATASKA OR THEIR AFFILIATES OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, OR COMMITTEE MEMBERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF CLAIMS, COURT COST, ATTORNEY FEES, REASONABLE INVESTIGATION AND DISCOVERY COST, EXPERT WITNESS, AND OTHER SUMS THAT WINNATASKA OR THEIR AFFILIATES WHETHER CHARTER OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS.

In case of an emergency in which I or my child is unable to communicate, I hereby give my permission to Winnataska's personnel or volunteers in charge of such emergencies to administer first aid and transport me to a care unit or hospital for treatment and I hereby give my permission to the physicians, care unit and/or hospital selected to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Consented to and acknowledged by:

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Camper Last Name: _____ First name : _____ Date: _____

Check here	Session	Start date	End date	Cost	Total
_____	Session 1: Co-ed Mainside	Sunday, June 6	Saturday, June 12	\$560	
_____	1B: Co-ed mini Chico	Sunday, June 6	Wednesday, June 9	\$300	
_____	1C: Co-ed mini Chico	Wednesday, June 9	Saturday, June 12	\$300	
_____	1 B/C: Co-ed full Chico	Sunday, June 6	Saturday, June 12	\$560	
_____	Session 2: Girls Mainside and Chico	Sunday, June 13	Saturday, June 19	\$560	
_____	Session 3: Girls Mainside	Sunday, June 20	Saturday, June 26	\$560	
_____	3B: Co-ed mini Chico	Sunday, June 20	Wednesday, June 23	\$300	
_____	3C: Co-ed mini Chico	Wednesday, June 23	Saturday, June 26	\$300	
_____	3 B/C: Co-ed full Chico	Sunday, June 20	Sunday, June 26	\$560	
_____	Session 4: Co-ed Mainside and Chico	Sunday, June 27	Saturday, July 3	\$560	
_____	Session 5: Co-ed Mainside	Sunday, July 11	Saturday, July 17	\$560	
_____	5B: Co-ed mini Chico	Sunday, July 11	Wednesday, July	\$300	
_____	5C: Co-ed mini Chico	Wednesday, July	Saturday, July 17	\$300	
_____	5B/C: Co-ed full Chico	Sunday, July 11	Sunday, July 17	\$560	
_____	Session 6: Co-ed Mainside and Chico	Sunday, July 18	Saturday, July 24	\$560	
_____	Early Bird Discount <i>Payment in full by March 1.</i>	(-\$50) full session	(-\$25) mini-Chico	(-\$50) (-\$25)	
_____	Sibling Discount <i>Only offered for siblings attending Session 1 and/or Session 2</i>	(-\$50) both siblings attend a full session	(-\$25) one sibling attends a mini-Chico	(-\$50) (-\$25)	
				TOTAL	_____

Payment Information: **Camp Winnataska is all inclusive.** Fees include hut photo, craft supplies, T-shirts, meals, snacks at canteen, programs, staffing, insurance, accommodations, and other items.

\$150 non-refundable deposit: _____ Full amount: _____ Other (please specify) : _____

Payment by: Check _____ Credit Card * _____ Other (please specify): _____

**Credit card form is available at the Winnataska website.*