



Camp Wildwood 2012

1st Year Camper Application

June 17 – June 23, 2012

Kings Mountain State Park, SC



DNR

Name _____ Birthdate ____/____/____ Sex _____ Age _____ T-Shirt Size _____

Address _____ City _____ State _____ Zip _____

Social Security Number of Camper XXX - XX - _____ Email Address _____

Parent/Guardian _____ Phone numbers _____
Home Phone Number _____ Emergency Phone Number _____

Camp Fee Paid By _____
Name of Club or Organization _____ Street Address _____ State _____ Zip _____

Have you ever attended Camp Wildwood Before? Yes / No (Circle one)

PARENT/GUARDIAN and CAMPER

PLEASE READ AND SIGN THE BELOW AGREEMENT

I / We agree to comply with the rules and regulations of Camp Wildwood and fully understand and accept the authority of the Camp Director to dismiss any camper for health, safety or disciplinary reasons. We further understand that we are responsible for providing transportation of the above named camper **to and from** Camp Wildwood during the camp period.

The above named camper has my permission to engage in any and all camp activities except as noted on the health examination form. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment, hospitalize and to order injections, anesthesia or surgery for the above named camper. I / we agree that the Camp, its sponsors and the camp staff are released from liability in connection with medical treatment and unavoidable accidents.

I / we certify that the above named camper has completed the ninth (9th) Grade.

Parent / Guardian Date Camper Date

Insurance Company _____

Policy Number _____

Note: Please return this application, teacher referral form, recent photo, copy of insurance card, and check in the amount of \$200.00 to:

Camp Wildwood
PO Box 167
Columbia, SC 29202

Once a camper has been accepted into the Camp Wildwood Program, a health form will be sent to you. At that time please arrange for a physical. Have the required form completed and returned. We will accept a prior physical if it is within ONE (1) year. Please wait for your acceptance letter before arranging and paying for a physical. For more information visit www.wildwoodfamily.com.

DEADLINE For Applications is June 1, 2012

Please **do not wait until June 1** to submit your application.

This camp is high demand and will fill fast.

Check List - What Needs To be Turned In	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Registration Fee (\$200.00)
<input type="checkbox"/>	Copy of Insurance Card
<input type="checkbox"/>	Recent Picture of Camper
<input type="checkbox"/>	Teacher Referral Form

CAMP USE -- don't write in this box.	
Fee Received _____	
Check Number _____	
Sponsor _____	
Referral Form: Sent _____ Rec _____	
Health Form: Sent _____ Rec _____	
<input type="checkbox"/> Cabin	<input type="checkbox"/> Niche
<input type="checkbox"/> Swim Status	
Check In _____	Check Out _____
Staff _____	
Nurse _____	
Camp Director _____	