

Wooden Acres Adventure Programs

2009 Winter Camp Application

ONE CHILD PER APPLICATION

Please return to: Wooden Acres Adventure Programs

P.O. BOX 725037 Berkley, MI 48072

CAMPER INFORMATION

Name of Camper _____ Sex _____ Birthdate: ____/____/____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Camper E-mail _____ Current Grade _____

Doctor's Name & Phone Number _____

Medical Insurance Name and Numbers _____

Emergency contact (other than parents) Name: _____ Relationship _____

Home Phone _____ Business _____ Cell _____

Program Choices: CIRCLE date desired

December 21-24 or December 28-31

Family Information

Mother's Name: _____ Home Phone _____ Cell _____

Father's Name _____ Home Phone _____ Cell _____

A fee of \$399 is required at time of registration. In case of cancellation fee will be refunded -less an administrative fee of \$50.

Parent Authorization - Please Sign

Camp has my permission to provide routine non-surgical medical care. In the event of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure treatment for to order injections, anesthesia or surgery for my child named herein. I also understand that I am responsible for the costs incurred on behalf of my child as named herein. I also understand that I am responsible for the costs incurred on behalf of my child relating to accident or illness when treated outside the camp. **This application cannot be processed without signature.**

Signature of Parent or Guardian _____