

Rec: _____
 FC: PIF: _____

Waycross Summer Camp 2012 Registration Form

Camper Information: (please print)

***Buddy Requests:** We will try to honor request, but cannot promise. Campers may request one cabin mate. The request must appear

Camper's Name Last, First, Nick Name	Session(s) Requested	Gender M or F	Date of Birth m/d/y	Age when attending camp	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	

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.

Parish or Church Affiliation _____

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)

Parent or Guardian 1 (Primary Contact)

Name _____

Relationship to Camper _____

Address _____

Phone # _____ Type (h/c/w) _____

Phone # _____ Type (h/c/w) _____

Email _____

Parent or Guardian 2 (Secondary Contact)
 (Only include information that differs from Primary Contact)

Name _____

Relationship to Camper _____

Address _____

Phone # _____ Type (h/c/w) _____

Phone # _____ Type (h/c/w) _____

Email _____

2012 Sessions and Fees

*When grade is designated, it applies to completed grade as of June 2012.

Dates	Session	Name	Type	Age (Grade*)	**Early Registration	Regular Fee
June 17-21	1A	Ready, Set, Camp	Residential	(Grades 1-8)	\$295	\$315
June 17-21	1B	Leaders in Training	Sr. High	(Grades 9-12)	\$320	\$350
June 24-30	2	Adventure Camp	Residential	8 to 15 years	\$410	\$380
July 1-7	3	Adventure Camp	Residential	8 to 15 years	\$370	\$400
July 15-21	4A	Adventure Camp	Residential	8 to 15 years	\$380	\$410
July 15-21	4B	Paddle Hard: Canoe Trip	Off-site	(Grades 7-10)	\$380	\$410
July 15-21	4C	Imagio Dei	Residential	(Grades 9-12)	\$380	\$410
July 22-28	5	Adventure Camp	Residential	8 to 15 years	\$390	\$420
July 29-Aug 4	6	Leaders in the Community	Sr. High	(Grades 9-12)	\$370	\$400

****Early Registration discount applies to registrations with deposits received by 3/31/12 and balance paid by 6/1/12.**

Waycross Summer Camp 2012 Registration Form

Camp fees: (complete for all session 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/Discover Gift Card # _____

For Visa or MasterCard, the deposit will be deducted upon receipt of application with the balance deducted on or about 6/1/2012.

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