

# 2015 Junior Camper Registration Form

Wallace Junior Camp, June 23-27  
Mt. View Bible Camp, Manchester, Maryland  
Sponsored by Wallace Presbyterian Church

This form MUST be completed by Parent for Registration to be accepted

Junior Camp Registrar  
Wallace Presbyterian Church, 3725 Metzert Rd, College Park, MD 20740  
301-935-5900

Upon our receipt of this completed registration form and  
\$100.00 before May 12 (\$110 after May 12)  
your child will be registered for camp or placed on a waiting list.

Camper's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

My child wants to be called \_\_\_\_\_ Parent's Full Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent's email address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Grade next fall \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age today \_\_\_\_\_  
MO DAY YEAR

How did you hear about camp? \_\_\_\_\_

What is your church affiliation? \_\_\_\_\_

NOTE: The Junior Camp medical form must be completed and submitted prior to camp. If not included in your registration materials, it is available at [www.WallacePCA.org](http://www.WallacePCA.org). If your doctor's office prefers to use its own medical form and it provides similar instructions regarding administration of prescription medications, we will accept it. All medications must be turned in to the Camp Director in the church parking lot the day of camp; each must be clearly labeled, and directions must appear on the container.

## Permission to Attend / Photo Permission / Authorization / Medical Release

I hereby give permission for my child to participate in Wallace Junior Camp. I understand that photos may be taken of my child at camp, which may be used by Wallace Presbyterian Church for the purpose of publicizing the camp ministry and that any such pictures would be used without the child's name. I understand that every effort will be made in case of emergency to notify me or the emergency contact. In the event that contact cannot be made and medical care becomes necessary, I hereby grant permission to the physician selected by the adult in charge of Wallace Junior Camp, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child. Furthermore, I release the adults, leaders, and Wallace Presbyterian Church from any liability that may result from this emergency medical treatment. I understand the nature of this activity and release Wallace Presbyterian Church and the supervising adults from any liability that may result from my child's participation in this activity.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Is your child likely to get homesick? Yes \_\_\_\_\_ No \_\_\_\_\_ I hope not! \_\_\_\_\_ Are you? \_\_\_\_\_

Has your child ever been away from home overnight? Yes \_\_\_\_\_ How long? \_\_\_\_\_ No \_\_\_\_\_

Will you be in town the week your child is at Camp? Yes \_\_\_\_\_ No \_\_\_\_\_. If "no," phone # where you'll be (\_\_\_\_\_)\_\_\_\_\_. Do you work during the day? \_\_\_\_\_ If "yes," work phone number, please (\_\_\_\_\_)\_\_\_\_\_

NOTE: It would be asking too much to request a counselor to get a bed wetter up every night in the middle of the night.

Do you have anything that would be helpful for the camp staff to know about your child? If so, please print it below.

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Note: Campers often request a roommate answer—there are always at least 12 campers per cabin; the procedure is to line campers up, standing next to a friend, to insure they will bunk near their friend.

<p>Our plans are for all campers to remain at camp the whole time, from beginning to end. "Part-Timers" are strongly discouraged because it disrupts the camp schedule and takes the space away from another full-time camper who really wants to attend.</p>
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