

Registration Form

Please list additional children on a separate

Please Note:

There will be a family discount for three or more children of the same household. The first two children will pay full price and the remaining child(ren) will come for 1/2 price when all children register together.

Personal Information:

Name of Child: _____ Gender: M F
Birthdate:(mm/dd/yy) _____ Last Grade Completed: _____
Child's Current Swimming Ability: _____
Name of Parent(s)/Guardian: _____
Address: _____

Phone: (Home) _____ (Work) _____

Please Note:

Early Bird Special -- **Save Save Save** -- Pre-register by June 1st and Save \$20.00 off the total cost of your child's registration. To Pre-register, complete the attached registration form and send it along with \$25.00 to the address below.

This \$25.00 will be subtracted from your final registration payment. Or you may pay the entire registration fee, less the \$20.00 early bird savings, at this time.

Please select the camp you wish to register:

(Currency of Country of Residence)

Pre-K/Kindergarten	\$55.00	_____
Kids Camp 1	\$150.00	_____
Kids Camp 2	\$150.00	_____
Jr. High Camp	\$160.00	_____
Sr. High Camp	\$170.00	_____
Total Enclosed		_____

(Includes \$20 Non-Refundable Pre-Registration Fee)

P. O. Box 763
Presque Isle, ME 04769

Phone: 207-764-5187
Fax: 207-768-5738
Email: marilyn@piwc.org

Registration Mailing Information

United States
Marilyn Bouchard
c/o PIWC
P. O. Box 763

Please Note:

It is the responsibility of the parent/guardian to insure proper medical information is given to the camp nurse. If there is anything beyond what is

Medical Information:

Family Doctor: _____
Family Doctor's Phone No. _____
Hospitalization/Insurance Carrier: _____
Insurance #: _____ Date of last Tetanus Shot: _____
Please list medical conditions and medications: _____

Will medication be required at camp?

Does your child have any allergies to any drug(s)?

Is your child allergic to bee stings?

Does your child have any food allergies?

Note: If you answered yes to any of these questions, please provide detailed information on a separate piece of paper. All medications will be administered by the camp nurse.

In Case of Medical or Surgical Emergency—

In the event of an emergency, I hereby give my permission to the physician selected by the Camp Nurse or the Director of Riverside Wesleyan Camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above. I also give my permission for the Camp Nurse to administer any "over the counter" medications deemed necessary (ie: Tylenol, cough medicine...)

Signature: _____ Date: _____