

**2013 Adventure Camp Registration**  
Wakeshma Community Church- 16732 East UV Ave, Fulton MI 49052  
269/729-5431      shannon@wakeshmachurch.com

**Camp is the week of: July 29-Aug 2nd 8:45am- 12:00pm**

Open to 3yrs- 7th Grade -fall 2013

Campers Name: \_\_\_\_\_ • Male      • Female

**Grade in the Fall 2013:** \_\_\_\_\_ Birthday: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Cell #/contact #: \_\_\_\_\_ Cell #/contact #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Home Church: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**T-Shirt Size:** Youth    S (5-6)    M (8-10)    L (10-12)    / **Adult**    **S**    **M**    **L**    **XL**

**Mini-Camp:** \_\_\_\_\_ My Child is between the ages of **3yrs old and Kindergarten (in the fall)** and will participate in mini-camp. There are no workshop choices for this age.

*(For children **1<sup>st</sup> grade-7<sup>th</sup> grade (in the fall)** choose 3 workshops your child would like to participate in- numbering them in priority. Depending on the number of registrations received we will place them in **one** of their 3 choices. We cannot guarantee first choice but early registration will help your child get their first choice!)*

**Your child may choose up to 3 choices between sports and arts workshops.)**

**Sports Camps:** (marking them in order of desire 1, 2, 3)

\_\_\_\_\_ Football      \_\_\_\_\_ Soccer      \_\_\_\_\_ Basketball      \_\_\_\_\_ Hiking  
\_\_\_\_\_ Volleyball      \_\_\_\_\_ Dance      \_\_\_\_\_ Lacrosse\*3<sup>rd</sup>-7<sup>th</sup> only      \_\_\_\_\_ Bicycling (must be able to ride)

**Arts Camps:** (marking them in order of desire 1, 2, 3)

\_\_\_\_\_ Crafts      \_\_\_\_\_ Jewelry      \_\_\_\_\_ Scrapbooking      \_\_\_\_\_ Chess      \_\_\_\_\_ Thing A Ma Jig Building  
\_\_\_\_\_ Stained Glass      \_\_\_\_\_ Pinata making      \_\_\_\_\_ Creative Writing & Book Making  
\_\_\_\_\_ Equine Care\*3<sup>rd</sup>-7<sup>th</sup> only      \_\_\_\_\_ Derby Car Racers      \_\_\_\_\_ Cooking      \_\_\_\_\_ Mechanics Class \*4-7<sup>th</sup> only

**Health information:**

Please list all allergies or health information that we would need to know about:

**Insurance Information:** Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

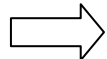
Name of primary holder: \_\_\_\_\_

**Authorized Pick-Up:** (If you are unable to pick up your child from camp)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Do you need picked up or dropped off?**     Yes     No

(We will have rides available **if in need**-prior arrangements **MUST** be made)



**\* Registrations are Due by June 9, 2013- late registrations will not be accepted**

### **Adult Volunteers and Donations**

\_\_\_\_ Yes- I would love to volunteer at camp. A specific area that would be great to work in would be \_\_\_\_\_.

Name & Contact information: \_\_\_\_\_

Last year many offered to help with cost of camp: If you would be interested in **donating money** towards camp please enclose a check written to **Wakeshma Community Church**. You will be sent a receipt for your tax information. (Thank you in advance!)

If you would like to be contacted about donating specific items, please list your contact information below.

\_\_\_\_\_

#### Photographs will be taken during camp.

WCC cannot guarantee that there will be no pictures taken of your children. Many families have digital cameras or cell phone cameras. If you are uncomfortable with your children having their pictures taken please talk to Shannon Chambers and we will try to accommodate you as best as possible.

Release for Minors: In signing this document, I hereby certify that the above information is correct; for the release of medical records in case of illness or injury; and for the camp personnel to perform routine medical treatment. My child has permission to engage in the camps activities excluding \_\_\_\_\_. In the event that I cannot be reached, I give permission to the physician selected by Wakeshma Community Church to give emergency medical treatment.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**Late registrations will not be accepted this year**

### **Questions?**

Contact Shannon at  
269-729-5431 Church office  
269-778-3777 Home  
[Shannon@wakeshmachurch.com](mailto:Shannon@wakeshmachurch.com)

Need a registration form for someone else?  
Give us a call or email!

**Remember to tell a friend to register for camp!**