

## Camper Registration Process

Please follow the steps below to register your child to attend a camp at Wilderness Trails, Inc.

1. **Pre-Registration** – call our Program Directors to pre-register your child.

Boys' Camps – James Gordon at 541-621-2483

Girls' Camps – Leslie Ingraham at 541-890-0322

Information Needed:

- a. Camper Name
- b. Camper age
- c. Camper's city location (i.e. Medford, Central Point, Grants Pass, etc.)
- d. Contact person – Name and phone number

*\* James or Leslie will call this person to confirm camper name is on the list\**

2. **Camper Registration Forms** – You will need to print off and fill out the following forms available on our website at: [www.wildernesstrails.net](http://www.wildernesstrails.net)

- a. Camper Registration Form
- b. Medication log
- c. Summer Food Program application form (Summer Camps only)

DO NOT mail these forms. Give them to the driver when camper is transported to camp or bring with the camper if you will be providing transportation to camp.

3. **Transportation**

Our camp directors, James or Leslie, will be contacting you 1-2 weeks prior to the camp to confirm transportation details-*Times of drop off/pick up and locations for drop off/pick up.*



# WILDERNESS TRAILS CAMPER REGISTRATION

P.O. Box 4655  
Medford, OR 97501  
Tel: 541-772-2892  
Fax: 541-772-5341  
T.F. 1-800-676-5437  
www.wildernesstrails.net

All programs are open to any child regardless of race, color, creed or national origin. Wilderness Trails does not receive any government funding and relies solely upon donations to provide these camps. If you would like to make a donation to WT, we would greatly appreciate it. Wilderness Trails is an Inter-denominational Christian camping organization dedicated to "Reaching Out With God's Love" that shares "For God so loved the world that He gave his one and only Son, that whoever believes in Him shall not perish but have eternal life." John 3:16

**\* We DO NOT allow campers to smoke or bring cigarettes to camp \***

Camp Date \_\_\_\_\_

Camper's Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Sex M F School \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian / whom camper resides with Name: \_\_\_\_\_

Parent's work place \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact person other than parent: Name \_\_\_\_\_ Phone \_\_\_\_\_

What agency signed your child up for camp (i.e. SCF, JDH)? \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_

## AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

The undersigned hereby authorizes Wilderness Trails to transport the above named camper to a local hospital and give the necessary consent for any treatment, care, diagnosis and/or examination of child in case of emergency.

Date \_\_\_\_\_ Signature \_\_\_\_\_ How Related \_\_\_\_\_

Medical Card # \_\_\_\_\_ Insurance Group \_\_\_\_\_

## AUTHORIZATION FOR MEDICATION ADMINISTRATION

Please list any immediate medical problems (diabetes, allergic reactions, etc.), the date of last tetanus shot, and any other limitations Wilderness Trails should know about for medical reasons.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

History & Medicine Info. \_\_\_\_\_

**Is there any medication that your child needs to have administered while at camp? \_\_\_\_\_**

**If yes, please fill out a Medication Log located on the website.**

## AUTHORIZATION FOR RELEASE

I hereby give permission to Wilderness Trails to take photographs or voice recordings of campers taken at a camp for any training or public relations purposes (i.e News letters to sponsors, the wildernesstrails.net website, etc.) without further consent.  
(Children will not be identified)

Parent or Guardian's Signature \_\_\_\_\_

*"Building Perseverance, Character and Hope in Youth"*