

## WILDERNESS TRAILS CAMPER REGISTRATION

P. O. Box 4655 Medford, OR 97501 Boys Program – 541-890-6683 Girls Program – 541-660-4039 www.wildernesstrails.net

Camp Date: _					
Camper's Leg	gal Name	Ago	Age Birth date		
Mailing Addr	ess	City	State	Zip	
Phone	Grade	T-Shirt Size:			
Parent / Guard	dian / whom camper resides with	Name:			
Emergency co	ontact person other than parent N	Jame:	Phone		
The undersign necessary con	ned hereby authorizes Wilderness sent for any treatment, care, diagn	FOR MEDICAL TREATME Trails to transport the above named osis and/or examination of child in	camper to a local hocase of emergency.		
Medical Card	#	Insurance Group			
Please list any	r immediate medical problems (dia minister at camp, please fill out a	TION ADMINISTRATION abetes, allergic reactions, etc.). If you medication log and send the medication log and send			
Date	Signature	History & Medicine Info			
AUTHORI I hereby give or public relat (Children will	ZATION FOR RELEASE permission to Wilderness Trails to ions purposes (i.e. news letters to not be identified)		gs of campers taken ebsite, etc.) without	at a camp for any training	

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 Interdenominational 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

Wilderness Trails is proud to partner with Angel Tree Ministries to offer camp scholarships to children with incarcerated family members. If you were referred through an Angel Tree partner, or qualify for an Angel Tree scholarship, please be sure to fill out the scholarship form off of our website.