



# CAMP WEBB an outdoor ministry of the Episcopal Diocese of Milwaukee

## CAMPER REGISTRATION FORM 2009

Please check which session(s) your camper is attending:

- Session 1: Intermediate Camp** - July 5-10 - rising third through sixth graders
- Session 2: Mixed Age Camp** - July 12-17 - rising third through seventh graders
- Session 3: Junior/Senior High Camp** - July 19-24 - youth entering grades seven through twelve

*Those registering to be Counselors in Training (CIT's), please fill out a separate form.*

**Space for  
all camps is  
limited!  
Register  
early!**

### Camper Information

**This information is for camp use only. We will not share or sell your information.**

Name \_\_\_\_\_

Name Camper prefers to be called \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age at time of camp \_\_\_\_\_ Grade entering \_\_\_\_\_ Gender \_\_\_\_\_

Home phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Camper Email \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_

Roommate Request \_\_\_\_\_

What, if any, specific activities should be restricted? \_\_\_\_\_

### Parent and Emergency Contact Information

**If parents live at different addresses, please list both. This is for emergency use only. We will not share or sell your information. \*\*\*If there are special custodial arrangements, please notify us.**

#### Primary Residence

*Please circle one*

Name \_\_\_\_\_ Mother /Father/Guardian

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Secondary Residence

*Please circle one*

Name \_\_\_\_\_ Mother /Father/Guardian

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Additional Emergency contact

*(This person should not be a parent and should have a car in case a camper needs to be picked up in an emergency)*

**In the event that the parent/guardian cannot be reached, please notify:**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>Fees</b>	Totals
<input type="checkbox"/> I am enclosing the full registration fee.	
<input type="checkbox"/> I am paying the deposit of \$200 (remainder due on June 1).	
<input type="checkbox"/> I would like to help sponsor a child for camp	
<input type="checkbox"/> Additional donation in any amount.	
<b>Total Fees</b>	\$
<b>Discounts</b>	
<input type="checkbox"/> My child qualifies for the \$20 sibling discount. (discount from one camper fee, not all.)	
<b>Total Discount</b>	-\$
<b>Total Cost</b>	

I would like to apply for scholarship assistance. (A scholarship application will be sent to all who request scholarship assistance.)

**Parent/Guardian Authorizations**

I, \_\_\_\_\_, give full permission for my child, \_\_\_\_\_, to attend The Diocese of Milwaukee’s summer camp, Camp Webb, located at the Indian Mound Scout Reservation; and to participate in all activities unless otherwise specified on the Health Form. I have read the camp brochure and understand and agree to cooperate with all regulations regarding health, special qualifications and age.

I  DO  DO NOT give my permission for photographs or video footage of my child to be used by the Diocese of Milwaukee and Camp Webb for promotional purposes such as, but not limited to: brochures, daily website photos of camp, camp DVD, etc. No names will be used.

I  DO  DO NOT give my permission for my child’s address/phone number to be included on a participant roster of the camp session. This is for camper and staff use only.

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

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

**Medical Release**

I give my permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

**Waiver of Liability**

I agree to hold the Diocese of Milwaukee, Camp Webb and any associated agencies and persons free and waive my claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her camp experience.

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

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

**Please return the form to:** Camp Webb, c/o The Diocese of Milwaukee, 804 East Juneau Avenue, Milwaukee, WI 53202.  
**For more information,** please contact The Rev. Shannon Kelly, Bishop’s Assistant for Christian Formation and Camp Director at 414-272-3028 x 114 or at [kelly@diomi.org](mailto:kelly@diomi.org)