



**SPECIAL INFORMATION**

The following information is important to both the directors and the counselors in order that we might have some insight into your child's personality and needs before arriving at Camp Wayfarer.

Are there any medical problems of which Camp Wayfarer should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make any suggestions that might help us know and understand your child better. Indicate any special situations (traumatic changes: i.e. new locations, school, separation or divorce, death or sickness in family).

\_\_\_\_\_  
\_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

**\*REQUIRED PARENT AGREEMENT**

One of the real benefits of a camp experience involves meeting and making new friends from different places. Wayfarer encourages campers to attend without concern for hometown buddies. We will attempt to honor a request for two friends to be in the same cabin, if their age/ grade level is similar and both parents make the request. I agree to support the final decision of the directors in the cabin placement of my child.

Parent Signature \_\_\_\_\_

I understand that no medical treatment can be performed on my child without the required Camp Wayfarer Health Form on file. In the event of an emergency, I will be notified. However, if I cannot be reached, I hereby give my permission to the physician chosen by Camp Wayfarer to secure treatment, order injection, hospitalize, and anesthesia for my child as named above.

Parent Signature \_\_\_\_\_

I understand that there are a number of inherent risks involved in summer camp activities. I agree to assume those risks and release and hold Camp Wayfarer, their directors, officers and employees harmless from, and waive any claim against Camp Wayfarer as to, any injury that may occur to my child while attending Camp Wayfarer.

Parent Signature \_\_\_\_\_

During the summer, Camp Wayfarer takes photographs, slides, and video footage of our campers and camp activities for promotional use. I give permission for the camp to use any photographs, slides, video footage of my child in its promotional materials.

Parent Signature \_\_\_\_\_

I understand that the camp fee is \$ \_\_\_\_\_ and I am enclosing the required, non-refundable \$300 deposit fee for registration. By February 1st, I will send another check for \$300, and before May 1st I will send a check for the balance. All fees, except for the \$300 deposit, are fully refundable until March 1. The directors reserve the right to dismiss any camper who violates camp rules or is judged detrimental to the general welfare of the Camp. No refund will be made in case of dismissal.

Parent Signature \_\_\_\_\_

DATE \_\_\_\_\_

**\*REQUIRED CAMPER'S AGREEMENT**

If I am accepted, I promise to conform to the rules and regulations of Camp Wayfarer.

Camper Signature \_\_\_\_\_

DATE \_\_\_\_\_

**I WOULD LIKE TO RECOMMEND FOR CAMP WAYFARER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_