



# Summer Camp 2019

## Registration Form – Day Camps

*For Overnight Camps or Family Camp, see the separate forms.*

Please complete and return a registration form along with a \$50.00 non-refundable deposit for each camper to **WLD Ranch, 7351 Woolsey Rd. Girard, PA 16417**. **A completed health form must be returned with this form for processing.** You will receive a confirmation letter after we receive your registration and health form.

Camper Name \_\_\_\_\_ Male  or Female  Birth date \_\_\_\_\_  
 Grade (Fall of 2019) \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- Send my confirmation letter by email instead of US Mail.  
 Please add my email to your e-newsletter.

**Check the Day Camp Round-up your camper will attend:**

**K-Grade 4 (Tenderfoot)**

#5D July 15-16 **\$144**

For Round-up 5D, check here to purchase the **Pre-Junior Cabin Photo** for your camper (\$10.00).

**Grades 3-6 (Pathfinder)**

#2D June 24-28 **\$249**

For Round-up 2D, check here to purchase the **Photo Package** of your camper (\$15.00).

**For Round-up #2D:**

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice for your Path:  
 \_\_\_ Archery \_\_\_ Adventure Team \_\_\_ Outdoor Skills  
 \_\_\_ Riflery \_\_\_ Horsemanship  
*(Horsemanship fee=\$20.00)*

Check here to participate in the **Cowboy Lunch** (\$15.00).

For more information, go to [www.wldranch.com](http://www.wldranch.com) or call 814-474-3414.

**Please put my camper in a group with these friends:**

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

Check here if your child is a **first time camper** at WLD Ranch. Where did you hear about WLD? \_\_\_\_\_

***"I give permission** for my child to participate fully in a physically rigorous program both on and off camp grounds. In an emergency, if I cannot be contacted, I give permission for the physician/nurse chosen by the camp director to hospitalize and secure proper treatment for my child named above. I also give permission for photo and video content that includes my child and is produced by WLD Ranch staff to be used and distributed for camp activities, marketing and publicity materials, and included on WLD Ranch's online sites." (Contact [joseph@wldranch.com](mailto:joseph@wldranch.com) for a copy of our photo and video ethics guidelines.)*

**PARENT (or Guardian) SIGNATURE**

★If your camper has a caseworker or an agency is paying part or all of your fees, please list the caseworker and agency here:

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

**Fees – register by March 10 to get a \$25 discount**

Cost for your Round-up: \$ \_\_\_\_\_

Spending money (camper bank account) \$ \_\_\_\_\_

Additional fees (if selected above):  
 Photo Package (see above) \$ \_\_\_\_\_  
 Cowboy Lunch (RU#2D only) \$ \_\_\_\_\_  
 Horsemanship (RU#2D only) \$ \_\_\_\_\_

**Total cost/fees for your Round-up:** \$ \_\_\_\_\_

Modifications (SCIP, Church discounts, etc.) \$ \_\_\_\_\_

**WLD Discounts** ([www.wldranch.com/summersavings](http://www.wldranch.com/summersavings)):

Early Registration – **by March 10** (\$25) \$ \_\_\_\_\_  
 Sibling Discount (\$25 if siblings attend) \$ \_\_\_\_\_  
 Recruit New Campers \$ \_\_\_\_\_

List campers here: \_\_\_\_\_

**Full payment due** (after modifications/discounts): \$ \_\_\_\_\_

PAY EITHER:  Deposit (\$50 minimum) \$ \_\_\_\_\_

Full payment \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

**Method of payment:**

enclosed check – check no. \_\_\_\_\_

Visa  Mastercard  Discover Exp. Date: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Health History Form**  
for all persons attending camp  
Return with registration form.

Please do not print this page on  
the back of the registration form.  
Thank you.

**WLD Ranch**  
7351 Woolsey Rd.  
Girard, PA 16417

Dates attending camp: \_\_\_\_\_

The information on this form is used to provide the best possible care for each individual and does not determine eligibility for attending camp. Please provide complete and detailed information to help us as we prepare for your camper's needs. If any changes occur in this information, please notify the nurse when you arrive for check-in.

**Camper Information:**

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

Gender:  Male  Female

Full home address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent or Guardian Information:**

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Home address (IF DIFFERENT FROM CAMPER): \_\_\_\_\_

**Additional emergency contact person (if we can't reach the parents/guardians):** \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Name of insurance: \_\_\_\_\_ Group# \_\_\_\_\_ ID #: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

**Allergies** (List all known allergies to medications, food, insects, animals, dust, hay fever, etc.)

Describe the allergic reaction and typical treatment: \_\_\_\_\_

**Has the individual had all of the immunizations required for the public school system?**  Yes  No

**Medications:**

This individual takes NO medications regularly.

This individual regularly takes medications. *(On a separate paper, attach a detailed explanation for all medications taken regularly, including non-prescription medicine. For each medication, include the medication name, the dosage amount and times the dosage is given each day, and the reason for the medication.)* Please bring enough medication to last the entire week of camp.

This individual takes the following medications ONLY during the school year (not during the summer): \_\_\_\_\_

**General Questions (Check any that apply and explain below.)**

- Experienced dizziness or passing out during exercise
- Recurring problems with diarrhea/constipation
- Recent injury, illness, infections disease
- (Females) Abnormal menstrual history
- Chronic or recurring illness/condition
- Skin problems (itching, rash, acne, etc.)
- Frequent ear infections
- History of bed-wetting
- History of sleepwalking

- Experienced chest pain during or after exercise
- Emotional difficulties requiring professional help
- Experienced being knocked unconscious
- Mononucleosis in the past 12 months
- Surgery/hospitalization
- Frequent headaches
- Glasses, contacts, or protective eye wear
- Orthodontic appliance
- Asthma

- Heart murmur
- High blood pressure
- Back problems
- Joint problems
- Eating disorder
- Head injury
- Seizures
- Diabetes

*Provide any additional information about the individual's behavior and physical, emotional, or mental health that will help the WLD Ranch staff to provide the best possible care for the individual (include restrictions or adaptations).*

**Parent/Guardian (or Camper/Staff Person over 18 years old) Signature**

I assure that this health history is complete and correct to the best of my understanding. The individual attending camp has my permission to participate in all camp activities unless otherwise noted. I also grant permission for the above named child (or myself) to be treated if any medical emergency arises. In granting this permission, I accept all moral, legal, and other responsibility for the above named child (or for myself); and in so doing, I relieve the WLD Ranch and its employees from all responsibility other than that of proper adult supervision.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_