



Summer Camp 2023

Registration Form – Overnight Camps

For Day 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. (For more info, go to wldranch.com or call 814-474-3414.)

Camper Name _____ Male or Female Birth date _____
 Grade (Fall of 2023) _____
 Parents/Guardians _____ Phone (____) _____
 Address _____ Email _____
 City/State/Zip _____

If you provide an email address, your confirmation letter will be sent to you by email.
 Please add my email to your e-newsletter.

Check the Round-up your camper will attend:

Tenderfoot Round-up
 #4 July 16-18 Pre-Junior Camp (Ages 6-9) **\$163**

Pathfinder Round-ups

<input type="checkbox"/> #1	June 25-30	Junior Camp (Ages 8-12)	\$389
<input type="checkbox"/> #2	July 2-7	Teen Week (Ages 13-17)	\$389
<input type="checkbox"/> #3	July 9-14	Junior Camp (Ages 8-12)	\$389

Trailblazer Round-ups
 #6 July 30-Aug. 4 Jr. High (Ages 11-15) **\$424**

*Choose Your Trail: Wrangler Adventure Target Sports

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

For Round-up #1, #2, or #3:
 Please indicate 1st and 2nd choice for your Path:
 ___ Archery ___ Adventure Team ___ Outdoor Skills
 ___ Riflery ___ Horsemanship (*\$20 fee for horsemanship*)

- For Round-ups 1, 2, 3, and 6, check here to purchase the **Photo Package** of your camper (\$15.00).
 For Round-up 4, check here to purchase the **Pre-Junior Cabin Photo** for your camper (\$10.00).

My child would like to bunk with: _____

Who is approved to pick up this camper? (list all parents or others who may pick up this camper at the end of camp):

"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 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 30 to get a \$35 discount

Cost for your Round-up:	\$ _____
Spending money (camper bank account)	\$ _____
Additional fees (if selected above):	
Photo Package (see above)	\$ _____
Horsemanship (RU#1,2,3 only)	\$ _____

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

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

WLD Discounts (www.wldranch.com/summersavings):

Early Registration – by March 30 (\$35)	\$ _____
Sibling Discount (\$35 if siblings attend)	\$ _____
Recruit New Campers	\$ _____

List recruited campers: _____

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: _____ Male Female Age: _____

Full home address: _____ Birth date: _____

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.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Experienced dizziness or passing out during exercise | <input type="checkbox"/> Experienced chest pain during or after exercise | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Recurring problems with diarrhea/constipation | <input type="checkbox"/> Emotional difficulties requiring professional help | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Recent injury, illness, infections disease | <input type="checkbox"/> Experienced being knocked unconscious | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> (Females) Abnormal menstrual history | <input type="checkbox"/> Mononucleosis in the past 12 months | <input type="checkbox"/> Joint problems |
| <input type="checkbox"/> Chronic or recurring illness/condition | <input type="checkbox"/> Surgery/hospitalization | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Skin problems (itching, rash, acne, etc.) | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Glasses, contacts, or protective eye wear | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> History of bed-wetting | <input type="checkbox"/> Orthodontic appliance | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> History of sleepwalking | <input type="checkbox"/> Asthma | |

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: _____