

**WANDER WISCONSIN REGISTRATION FORM**  
**School's Out Fall Trip to Wisconsin Lions Camp (8-12 year olds)**  
**October 29-31, 2008**  
**\$150**



Please complete the information below, and submit full payment.

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Camper resides with:  Mother  Father  Guardian School attending \_\_\_\_\_ Grade \_\_\_\_\_

Camper has previously adventured with Wander Wisconsin?  Yes  No

Parent or Guardian \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Alternate/Cell Phone \_\_\_\_\_ Alternate/Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
 Name of Workplace/Complete Address \_\_\_\_\_ Name of Workplace/Complete Address \_\_\_\_\_

**Emergency Contacts & Departure Authorization:** A minimum of two emergency contacts other than parents are required for application to be processed. Emergency contacts must be at least 18 years old and be available at the listed number during the trip. Please indicate in the boxes provided if persons listed below are authorized to pick up your child from this trip. Upon return, campers are released only to authorized pick-up persons; list names other than parents below. Unless otherwise noted, parents listed above are considered authorized pick-up and emergency contact persons.

Name	Day/Evening Phone	Address	Relationship to Child	Emergency Contact	Pick-Up
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**REGISTRATION AGREEMENT**

- I understand the \$150.00 payment per child toward each trip is not refundable or transferable. No fee credit will be given for days missed.
- I understand that full payment and all required information must be submitted at least two weeks prior to the scheduled trip, or my child's enrollment may be cancelled. If registering within two weeks of the trip, payment is due immediately and all forms must be complete prior to the trip departure date.
- I understand that a \$25.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
- I understand that a written two-week advance notice must be received by the Administrative Office to cancel. Failure to submit written cancellation two weeks prior to the first day of the program will result in the liability of all fees paid and owed for the trip.
- Acknowledgement of Risk: I understand that I must complete an acknowledgement of risk form prior to the trip.
- I understand that I will be asked to authorize first aid products and protocols that will be made available to my child if needed, as determined by Wander Wisconsin staff. I further understand that I will be asked to provide authorization for administering any medications I provide to the staff for my child.
- I give my consent for WANDER WISCONSIN camp staff to act in my behalf to obtain emergency care and treatment if deemed necessary for my child.
- I give permission to have my child appear in any media approved by WANDER WISCONSIN.
- I understand that personal belongings are the responsibility of participants at all times.
- If the trip is cancelled or changed by Wander Wisconsin for any reason, registered families shall have no claim other than a full refund.
- Program details, although given in good faith at the time of printing, are subject to change at or before the time of departure. No revisions of printed itineraries or their included features are anticipated. However, the right is reserved to make any changes, with or without notice, that might become necessary because of schedule or weather complications.

I/We understand and agree to abide by the above policies.

**AGREEMENT SIGNATURE**

\_\_\_\_\_  
 Printed name of mother or guardian

\_\_\_\_\_  
 Printed name of father or guardian

\_\_\_\_\_  
 Signature of mother or guardian / Date

\_\_\_\_\_  
 Signature of father or guardian / Date

Office Use Only \$ _____	Cash _____	Chk# _____	Date _____
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