

WANDER WISCONSIN REGISTRATION FORM
Fright Fest Six Flags Great America (Grades 6-10)

October 18, 2008

\$65

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

1. I understand the \$65.00 payment per child toward this trip is not refundable or transferable. No fee credit will be given for days missed.
2. I understand that all required information must be submitted at least two weeks prior to the scheduled trip, or my child's enrollment may be cancelled. Registration occurring within two weeks of the trip must have all forms completed prior to the trip departure date.
3. I understand that a \$25.00 charge is assessed for each Non-Sufficient Funds (NSF) check.
4. 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.
5. Acknowledgement of Risk: I understand that I must complete an acknowledgement of risk form prior to the trip.
6. 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.
7. 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.
8. I give permission to have my child appear in any media approved by WANDER WISCONSIN.
9. I understand that personal belongings are the responsibility of participants at all times.
10. If the trip is cancelled or changed by Wander Wisconsin for any reason, registered families shall have no claim other than a full refund.
11. 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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