



Please read this agreement completely and carefully, and sign below.

Camper's Name _____
Please print

PAYMENT OF FEES

- 1. I understand the \$100 down payment toward each trip is not refundable or transferable, unless a requested trip is unavailable.
2. 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.
3. I understand that fees repeatedly not paid by the due dates may result in my child's removal from subsequent programs.
4. I understand that a written two-week advance notice must be received by the Administrative Office to cancel any trip and that there is no refund for the down payment.
5. I understand that no fee credit will be given if my child is absent from a confirmed trip for any reason.
6. If a trip is cancelled by Wander Wisconsin for any reason, registering families shall have no claim other than a full refund.
7. I understand that if I am receiving assistance, I am responsible for any amount not paid by my funding source.

My funding source is _____

Contact person _____ Phone number _____

- 8. I understand I may request duplicate mailings to a second address for a fee of \$30.

PARENTAL CONSENT

- 1. Program details, although given in good faith at the time of printing, are subject to change at or before the time of departure.
2. I will submit a completed Health History and Examination Form as provided by Wander Wisconsin.
3. I understand I will need to give my consent on the Health History and Examination Form for Wander Wisconsin camp staff to act on my behalf to obtain emergency care and treatment if deemed necessary.
4. Acknowledgement of Risk: I understand the risks in having my child participate in activities of an active, outdoor nature.
5. I understand I will need to complete an Authorization to Administer Medication Form for Wander Wisconsin camp staff to be able to direct my child to use sunscreen and insect repellent as well as administer prescription medications and/or over the counter medication.
6. I give consent for my child to be transported to and from the trip destination as well as any scheduled program activities for which transportation is provided.
7. I understand I will need to complete a Swim Level Acknowledgement Form acknowledging that my child has swimming skills equivalent to a Red Cross Level IV swimmer for all trips.
9. The first trip of the year is probationary. I understand Wander Wisconsin reserves the right to deny participation in subsequent trips due to behavior or special needs which cannot be accommodated in the camp setting.
10. Personal gear is the responsibility of participants at all times.
11. I acknowledge that I have carefully reviewed and accurately completed Parts I, II, and III of this registration packet.

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

AGREEMENT SIGNATURE

Print name of Parent or Guardian _____

Print name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

Signature of Parent or Guardian _____

Date _____

PHOTO RELEASE

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its websites for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC'S websites his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

- Yes, I accept the photo release. No, I do not accept the photo release.

Parent/Guardian Signature _____ Date _____



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