



WILDERNESS TRAILS CAMPER REGISTRATION

P. O. Box 4655
Medford, OR 97501
Telephone – 541-772-2892
Fax: 541-772-5341
T.F. 1-800-676-5437
www.wildernesstrails.net

All programs are open to any child regardless of race, color, creed or national origin. Wilderness Trails does not receive any government funding and relies solely upon donations to provide these camps. If you would like to make a donation to WT, we would greatly appreciate it. Wilderness Trails is an Inter-denominational Christian camping organization dedicated to "Reaching Out With God's Love" that shares "For God so loved the world that He gave his one and only Son, that whoever believes in Him shall not perish but have eternal life." John 3:16

*** We DO NOT allow campers to smoke or bring cigarettes to camp ***

Camp Date _____
Camper's Legal Name _____ Age _____ Birth date _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Sex M F School _____ Grade _____
Parent / Guardian / whom camper resides with Name: _____
Parent's work place _____ Phone _____
Family Physician _____ Phone _____
Emergency contact person other than parent: Name _____ Phone _____
Agency Referral: Agency _____ Contact: _____ Phone _____

AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

The undersigned hereby authorizes Wilderness Trails to transport the above named camper to a local hospital and give the necessary consent for any treatment, care, diagnosis and/or examination of child in case of emergency.

Date _____ Signature _____ How Related _____
Medical Card # _____ Insurance Group _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Please list any immediate medical problems (diabetes, allergic reactions, etc.), the date of last tetanus shot, and any other limitations Wilderness Trails should know about for medical reasons.

Date _____ Signature _____ History & Medicine Info. _____

Is there any medication that your child needs to have administered while at camp? _____

If yes, please fill out a Medication Log located on the website.

SUMMER CAMPS (Camper must have a Summer Food Program form (or) School Eligibility Notification-Free Meals form filled out to attend a camp.) Foster children automatically qualify. (Please initial below)

____ I certify that I have attached the SFP form or School Letter. ____ I certify that the child is in foster care.

AUTHORIZATION FOR RELEASE

I hereby give permission to Wilderness Trails to take photographs or voice recordings of campers taken at a camp for any training or public relations purposes (i.e News letters to sponsors, the wildernesstrails.net website, etc.) without further consent.

(Children will not be identified)

Parent or Guardian's Signature _____

"Building Perseverance, Character and Hope in Youth"