Camp Chetek Summer Camp Registration 2024

Complete this form thoroughly and carefully. Please print clearly.

Please Select a Camp Week:

- ☐ **Junior 1** – June 17-22
- ☐ **Teen 2** — July 15-20
- ☐ **Teen 1** – June 24-29
- ☐ **Teen 3** – July 22-27
- ☐ **Junior 2** – July 8-13
- ☐ **Junior 3** – July 29-Aug 3
- ☐ **Primary Camp** – July 29-31

Check One:

- ☐ Male Camper
- ☐ Female Camper

Camper Information:

Camper First Name: _____ Camper Last Name: _____

Birth Date: _____ Age: _____ Grade (as of next school year): _____

Parents'/Guardians' Names: _____

Camper Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home E-mail Address: _____

Home Church: _____ City/State: _____

Required Signatures:

_____ has my permission to participate in the activities that occur at Camp Chetek. I authorize minor treatment and administration of necessary medications to this camper. I also authorize emergency medical treatment for this camper and accept the responsibility for medical expenses incurred on behalf of this camper. I understand that a reasonable effort will be made to contact me prior to treatment. This authorization is in effect for the week(s) the camper is at camp.

_____
Parent/Guardian Signature

_____
Daytime Phone

_____
Evening Phone

I have read the information on the summer brochure and agree to comply with dress standards, conduct standards, and assume responsibility for equipment damage fees.

_____
Camper Signature

I have read the information on the summer brochure and agree to support Camp Chetek with dress and conduct standards for my camper while at camp and assume responsibility for equipment damage fees. I understand that my child's picture may appear on Camp Chetek publications or website.

I realize a lice check will be done prior to registration and children found with lice or nits, even if previously treated, will be sent home.

_____
Parent/Guardian Signature

Please send completed forms and fees to:

Camp Chetek
730 Lakeview Drive
Chetek, WI 54728
Additional registration forms available at www.campchetek.org

Questions? Please call 715-924-3236 or email us at office@campchetek.org

Medical and Insurance Information:

This section must be completed by a parent or guardian for registration to be finalized.
In case of injury, personal or church insurance will be primary and camp insurance will be secondary.

We encourage only prescription meds as over-the-counter meds are available to campers as needed. ONLY meds that are labeled & in original bottles will be accepted per state law.

Check If No Medication: ☐

Prescription Med	Dosage	Time Given

Allergies: _____ Date of Last Tetanus: _____

Does the camper have any conditions that would restrict from participation in normal program activities? _____ If yes, please explain on back of form.

Insurance Company: _____

Group and Policy Numbers: _____

Name of Policy Holder: _____

Emergency Contact: _____

Contact's Phone Number: _____

Contact's Relationship to Camper: _____

Fee Information:

I am enclosing…

$_____Toward Camper Fee
(minimum $50 non-refundable reservation fee)

Total Enclosed: $_____

All camper fees are due on or before arrival at camp.

Camper Information about what to pack and what not to, and other important info.

https://www.campchetek.org/camper-info

Camper Costs:

Regular $325.00
Early Bird Discount.....$315.00*
Full Payment Discount $305.00**
Primary Camp $165.00

Discounts:

For every 10 campers per summer, one adult sponsor may come free.

*Registration form and $50 deposit post-marked by **March 1st**.

Registration form and $305 payment postmarked by **March 1st.