

2010 Registration Form

MAIL OR FAX THIS FORM TO: Camp Fire USA Wilani Council

Address: 380 Q Street, Suite 260 Springfield, OR 97477 Fax: 541-342-6330

OFFICE USE ONLY

Session _____

Rcpt # _____ Amt _____

Date _____ By _____

Camper Name: _____ **Grade Sept '10:** ____ **Gender:** M F

Complete Address: _____ Zip _____

Home Phone: _____ Family Email: _____

Birthday: ____/____/____ **Age:** _____ Number of summers attended at Camp Wilani: _____

Parent/Guardian 1: _____

Address (if different from child) _____ Zip _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Parent/Guardian 2: _____

Address (if different from child) _____ Zip _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Cabin Buddy Request: Only one request allowed. Campers must request each other, be same age and gender and Be enrolled in same program to guarantee request – Day Campers, same grade) _____

Emergency Contact: If parents cannot be reached in an emergency, this person will be called.

Name: _____ Relation to camper _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

In addition to parents listed above, the following individuals are permitted to pick up my child (photo ID required):

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

How did you hear about Camp Wilani: _____

PERMISSION

My child has permission to leave camp for local field trips yes no.

I understand and certify that my child's participation in Camp Wilani and its activities is completely voluntary and I have familiarized myself with the camp's programs and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the camp events and programs, particularly, but not limited to the activities of horseback riding, swimming, high ropes course and I acknowledge that although Camp Wilani has taken safety measures to minimize the risk of injury to camp participants, Camp Wilani cannot insure or guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named on this form.

Photographic Release: I consent to the taking and use of any slides, photographs, videotaping of my child during the program for advertising, promotion, publicity, or any other lawful purposes by Camp Fire USA now and in the future, whether that is known to me or unknown. I agree and consent that Camp Fire USA may publish, broadcast, copyright for all purposes, the statements and/or pictures taken of my child and or his/her property for advertising and public relations purposes. I waive the right to inspect or approve the photographs or electronic matter and waive the right to royalties or other compensation arising from or related to the use of the photographs.

Images and photographs of my child at camp may be used for Camp Fire USA publicity unless box is checked:

I understand that both the balance of the camp fee and health form are due two weeks prior to the start of the session my child will be attending, or my child may lose his or her session choice, and I will be charged a \$40 late fee.

I have read the refund policy as stated in this brochure. I understand and agree to its terms.

Signature: _____ **Date:** ____/____/____

Where does your Resident Camp fee go?

2010 Traditional Camp Fee \$425

Breakdown includes seasonal costs only,
not year round costs of maintaining the camp property.



Payroll	\$121.31	Utilities	\$ 16.14
Food	\$ 86.10	Maintenance & Supplies	\$ 10.75
Camp Activities	\$ 68.32	Advertising, Brochure, Postage	\$ 24.47
Revenue	\$ 22.06	Admin. – includes insurance	\$ 55.95
Program supplies	\$ 19.90	Total	\$ 425.00



2010 Registration Form

Please complete both sides of the form. Check box for desired session(s).

Resident Camp	Grade	Cost	Traditional	Teens In Action	Night Safari	CIT 1 & 2	Mini Camp	
R1 July 4-10	K - 12	\$425	<input type="checkbox"/>					
	9 - 12	\$200		<input type="checkbox"/>				
R2 July 22-31	K - 12	\$575	<input type="checkbox"/>			<input type="checkbox"/>		
	9 - 12	\$250		<input type="checkbox"/>				
R3 July 25-31	K - 12	\$425	<input type="checkbox"/>		<input type="checkbox"/>			
	9 - 12	\$200		<input type="checkbox"/>				
R4 Aug 1 - 7	K - 12	\$425	<input type="checkbox"/>					
	9 - 12	\$200		<input type="checkbox"/>				
Mini Camp Aug 4 - 7	K - 4	\$240					<input type="checkbox"/>	
Day Camp	Grade	Member Cost	Non Member Cost	D1 June 21-25	D2 August 16-20	D3 August 23-27	Remember! Day Camp cost includes transportation from Eugene and back. There is an overnight option for grades 4-8 (see fees). Active Camp Fire USA members support program year round, reducing their cost for Day Camp.	
	K - 6	\$135	\$175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leadership Lab	7 - 8	\$135	\$175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tawasi Aug 9 - 13		\$330	Separate Registration Needed			Call Camp Fire USA	541-342-6338	<input type="checkbox"/>

Payment

Cost of Camping Session(s) _____

Campership Donation to assist low-income campers (optional) _____

+ _____

Fees

Day Camp Overnight Option (Day Campers grades 4-8 have Thursday overnight option) _____

+\$35 _____

Discounts

Camp Fire USA member discount (applies to resident camps only) Council _____

-\$20 _____

Cabin Buddy (see other side to designate name of buddy!) _____

-\$10 _____

Camp Cash (Camp Fire USA Member Candy Sale incentive, please attach Certificate) _____

- _____

Multiple Child (applies to siblings only. No discount on first child.) _____

-\$10 _____

Total Payment Due

\$150 Deposit (*due with registration form!*) _____

- _____

\$ 65 Deposit for Day Camp, Mini Camp, or TIA (*due with registration form!*) _____

- _____

TOTAL BALANCE DUE

(To qualify for discounts listed above, full balance is due with signed health form at least two weeks before session begins.) _____

= _____

Please make checks payable to Camp Fire USA Wilani Council

Charge the following to my credit card: \$ _____ Card # _____ Circle type: **VISA MC AmEx**

Name on Card _____ Exp. Date _____ Signature _____

Billing Street address of card holder _____ Zip _____

Parents! Directions to camp, medical forms and additional information will be mailed to your camper after registration is received.

Please call 541-342-6338 for more information or visit us at www.wilanicouncil.org