



# Specialty Camp Registration

## Ages 7-14

PLEASE PRINT CLEARLY

### Camper's Information

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ WCC Member?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Camp T-Shirt Size  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

How did you hear about Camp Whitin? \_\_\_\_\_

### Medical Conditions

Allergies (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

### Photo/Video Release

I hereby authorize the Whitin Community Center to use any & all photographic images and/or video recordings made by the WCC during the above named minor child's activities while a participant at Camp Whitin.

Yes  No

### Parent/Guardian Information

Child is in custodial care of  Mother  Father  Both  Other \_\_\_\_\_

Mother \_\_\_\_\_ Phone 1 \_\_\_\_\_

Email \_\_\_\_\_ Phone 2 \_\_\_\_\_

Father \_\_\_\_\_ Phone 1 \_\_\_\_\_

Email \_\_\_\_\_ Phone 2 \_\_\_\_\_

### Emergency Contact (In case parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Save BOTH CAMPS**  
(Full Day-Paid in full BEFORE May 1st)

**\*CAMP PLUS**  
CW Amazing Race (Full Day)

**1 CAMP ONLY**  
(Half Day)

**EXTENDED CARE**  
(Full Day Camps ONLY)

✓ **WEEK/CAMP**

WEEK 7 August 7-11	Member/Non-Member	M/NM	M/NM	M/NM
MineScratch Video Game Design 9:00am-12:00pm	\$425/\$475	\$285/\$335	\$225/\$275	+ \$60/\$80
Minecraft Modding 1:00pm-4:00pm				

\* If you sign up for CAMP PLUS with MineScratch Video Game Design from 9:00am-12:00pm WCC Olympics will follow from 12:00pm-3:00pm

\* If you sign up for CAMP PLUS with Minecraft Modding from 1:00pm-4:00pm WCC Olympics will begin at 9:00pm-12:00pm

<b>Payment (Mail-in)</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	Total \$ _____
<b>\$50 Deposit per camp at time of registration, or pay in full BEFORE May 1st for discount.</b>				
Name as it appears on card _____				
Card Number _____		Ex. Date _____		
Signature _____		Date _____		
<b>Payment (Auto Pay)</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> Master	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Total \$ _____				
<b>\$50 Deposit per camp at time of registration. (Please use above box for Credit Card information)</b>				
I agree to have my card charged by the WCC for my child's Camp Whitin remaining balance in 2 installments on April 14, and May 1.				
Signature _____		Date _____		



Photo courtesy gamunation.com