

2025 Wisconsin Congregational Association Camp Registration Form

Section 1: General Information about the Camper

Full name	
Street Address	
City, State, Zip	
Age as of 7/13/25	
2024-25 school grade	
Male or Female?	
Email address	
Phone # (optional)	
Want a camp t-shirt?	<i>If yes, add \$12 to registration fee, and circle a size: S M L XL XXL</i>

Section 2: Information about Parents and Emergency Contact(s)

Parent(s)/guardian(s) name(s)	
Email address(es)	
Phone number(s)	
Church affiliation	
Emergency Contact Name & Phone	
Alternate Emergency Contact Name & Phone	

Section 3: Statement of Parental Understanding

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of my above named child(ren) in the Wisconsin Congregational Association's camp program. Furthermore, I assume all risk of and financial responsibility for any loss or injury to my child(ren) or others that may occur as a result of negligence or misconduct by my child(ren), and I release the Wisconsin Congregational Association, and its employees, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person(s) and/or property of my child(ren) which may be sustained during or as a result of participation.

In an emergency, including illness, injury, or incapacity suffered by my child(ren), I hereby authorize any Wisconsin Congregational Association adult leader to act as agent for me in consenting to any reasonably necessary X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. Furthermore, I agree to the release of any records necessary for insurance purposes, and I give permission to any adult leader to arrange necessary transportation for the camper.

I grant permission to use photographs and/or video footage of my child(ren) in print or online materials designated for news, informational, or educational purposes related to the Wisconsin Congregational Association.

Signature(s) of
 Parent(s)/Guardian(s): _____ Date: _____

Section 4: Camper's Health History

<i>If you check "yes," on anything, please briefly explain using the lines at the bottom of this section.</i>	Yes	No
Has the camper ever been hospitalized?		
Has the camper ever had surgery?		
Does the camper have recurrent or chronic illness(es)?		
Has the camper had a recent infectious disease?		
Has the camper had a recent injury?		
Does the camper have asthma, wheezing, and/or shortness of breath?		
Does the camper have diabetes?		
Does the camper have headaches?		
Does the camper experience fainting or dizziness?		
Has the camper ever passed out or had chest pain during exercise?		
Has the camper had mononucleosis during the past twelve months?		
If female, has the camper had problems with menstruation?		
Does the camper have problems falling asleep or sleepwalking?		
Does the camper have back or joint problems?		
Does the camper have bedwetting problems?		
Does the camper have problems with diarrhea or constipation?		
Does the camper have skin problems?		
Has the camper ever been treated for ADD or ADHD?		
Has the camper seen a professional to address mental health concerns in the last twelve months?		
Has the camper experienced a significant life event—abuse, family change, death in the family?		

In you checked "yes" for any of the above items, please briefly explain below:

Section 5: Additional Health Information about the Camper

Insurance Carrier/Plan Name	
Name of the Primary Insured Person	
Insurance Carrier Address	
Group or Member Number	
Date of Most Recent Tetanus Shot	

___ Check here if the camper has never been stung by a bee, wasp, hornet, or yellow jacket—such that you're unsure if s/he is allergic or not.

Does the camper have allergies?

- Yes If "yes," please explain: _____
- No _____

Does the camper have your permission to participate in all programs and activities of the camp without restrictions?

- Yes If "no," please explain any restrictions/exceptions: _____
- No _____

Do you certify that the camper is up to date on all required immunizations, and do you relieve the Wisconsin Congregational Association and Mt. Morris Camp & Retreat Center from any responsibility for issues which may arise should any of the preceding information be false?

- Yes If "no," please explain any restrictions/exceptions: _____
- No _____

Section 6: Camper's Medications

Name of Medication	When is it given?	Amount/dose	Reason for taking it

Please indicate if you do NOT give consent for the camper to receive any of these common over-the-counter medications as deemed warranted by the Camp Nurse:

NO consent

- ___ Ibuprofen (Advil)
 ___ Acetaminophen (Tylenol)
 ___ Dephenhydramine (Benadryl)

NO consent

- ___ Tums
 ___ Maalox
 ___ Senna (laxative)

NO consent

- ___ Cetrizine (Zyrtec)
 ___ Hydrocortisone cream

Section 7: Scholarship Application — *If not applying for scholarship support, please skip this section.*

Created in 1994, the Clayton Wakefield Memorial Fund seeks to provide need-based scholarship money to youth who wish to attend WCA Camp but could not manage to attend without financial support. Clayton passed away in March 1994 at age 17 after a life-long struggle with hydrocephalus. While originally created with a portion of the memorial gifts given in honor of Clayton, the fund is supported by donations from churches and individuals, and is administered by the Chair of the WCA Youth & Camp Committee. Clayton's parents, Charles & Deborah, along with his brothers, Cade & Chapman, are grateful for your interest in WCA Camp and for all of the donations the fund receives.

1. Name of the camper's pastor and/or youth minister/director: _____

2. Please estimate the amount of financial support toward your camp attendance that you expect to receive from your church of youth group.

3. What circumstances in your church and/or youth group have led to your camp money being limited to the amount indicated above (for example, budget problems, lack of fundraisers, etc.)?

4. Please estimate the amount of financial support toward your camp attendance that you expect to receive from your family.

5. What circumstances in your family's life have led to your camp money being limited to the amount indicated above?

6. What other camps or conferences will you or other members of your family attend this summer?

7. In a brief paragraph, please describe why attending WCA Camp is important to you.