



# REGISTRATION FORM SUMMER CAMP 2022

## TO REGISTER

Complete this form (both sides!) and return it to **Brethren Woods, Attn. Registration, 4896 Armentrout Path, Keezletown, VA 22832**. A **minimum deposit of \$50** must accompany this form. This deposit is non-refundable and non-transferable. Checks should be made out to **Brethren Woods** (no cash, please!). One registration form per person. Online registration and payment by credit card is available at [www.brethrenwoods.org/summercamp](http://www.brethrenwoods.org/summercamp). Confirmation packets will be e-mailed to the parent/guardian e-mail address listed below. **To also have a confirmation packet mailed to your home address, please check here:**

<b>CAMPER INFORMATION</b>			
First Name: _____		Middle Name: _____	
Last Name: _____			
Address: _____			
<small>Street and Number</small>		<small>City</small>	<small>State</small>
<small>Zip Code</small>			
Home Phone Number: (____) _____		Home Church: _____	
Grade Completed in 2022: _____		Date of Birth: _____	
Age: _____			
Sex: M F	Height: _____	Weight: _____	T-Shirt Size: Youth: S M L Adult: S M L XL XXL
Cabin-Mate Request (One name only! We cannot guarantee that your request will be met.) _____			
Parents/Guardians: _____		_____	
<small>Name</small>		<small>Relationship</small>	
_____		_____	
<small>Primary Phone (Cell)</small>		<small>Secondary Phone (Work)</small>	
<small>E-mail Address</small>			
Emergency Contact: _____			
(Other than Parent/Guardian) _____		_____	
<small>Name</small>		<small>Relationship</small>	
<small>Phone Number</small>			

CAMP PROGRAM SELECTION – Please Indicate 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Choices			
	DATES	NAME OF CAMP PROGRAM	CAMP USE ONLY
1 <sup>st</sup> CHOICE			
2 <sup>nd</sup> CHOICE			
3 <sup>rd</sup> CHOICE			

<b>PERMISSION AND AUTHORIZATION</b>		
<p>I certify that the camper registering is in good health and may participate in the camping activities for the selected program. I authorize the officials of Brethren Woods to act in an emergency and give permission to the physician selected by Brethren Woods to hospitalize, secure proper treatment, and/or order injection, anesthesia, or surgery for the camper named on this form. I will abide by the camp's decision should it be necessary to send the camper home for any reason, including illness and behavior. I give Brethren Woods and partner organizations permission to use photos and video recording of the camper for publicity purposes. I agree that the camper will abide by all regulations for personal conduct and the use of camp property, will participate fully in the camp program, and will accept the camp's decision regarding area assignments.</p>		
_____	_____	_____
Signature of Camper	Signature of Parent/Guardian/Adult Camper	Date

<b>CHURCH SUPPORT</b>
<b>To receive church support, this box must be filled out by a pastor or camp representative.</b>
Our church is contributing the following amount toward this camper's registration:
\$ _____ OR _____%
_____
Signature of Pastor or Camp Representative
_____
Full Name of Church

<b>CAMP USE ONLY</b>
Postmark Date: _____ Area: _____
Date Entered: _____ Counselors: _____
Entered By: _____
Session/Program: _____ Check In: _____
Photo Flash Drive: ___ x \$10 = _____
Photo Online: ___ x \$10 = _____
Deposit: _____ Check #: _____
Church Support: _____ Balance Due: _____
Discount: _____ Total Fee Rec'd at Camp: _____
Donation: _____ Cash Check # _____

**CAMPER PROFILE**

Help us serve you and your child better by answering the following questions honestly and completely. Your answers DO NOT affect your child's eligibility to attend camp at Brethren Woods! Feel free to include a photo of your child.

**How Would You Describe Your Child?** \_\_\_\_\_

**What Are Some of Your Child's Hobbies, Talents, and/or Special Interests?** \_\_\_\_\_

**How Does Your Child Relate to Others in Group Situations?** \_\_\_\_\_

**How Well Does Your Child Make Friends?** \_\_\_\_\_

**Most of Your Child's Friends are:**      Older              About the Same Age              Younger

**What Special Needs Does Your Child Have (behavioral, medical, emotional, dietary, etc.)?** \_\_\_\_\_

**Is this Your Child's First Time Away from Home for this Length of Time?**      Yes      No

**How Many Years Has Your Child Been a Camper?** \_\_\_\_\_      **At Brethren Woods?** \_\_\_\_\_

**Does Your Child Want to Come to Camp?** Yes      No      **Why or Why Not?** \_\_\_\_\_

**What is Your Child Looking Forward to the Most at Camp?** \_\_\_\_\_

**What is Your Child Looking Forward to the Least at Camp?** \_\_\_\_\_

**What is Your Child Hoping to Learn at Camp?** \_\_\_\_\_

**How Comfortable is Your Child in Outdoor Settings?** \_\_\_\_\_

**Does Your Child Swim?** Yes      No      **How Well?** \_\_\_\_\_

**Other Information that May Be Helpful to the Camp Staff and Your Child's Counselor (fears, bedwetting, concerns, life situations, etc.):** \_\_\_\_\_

**What are YOUR Hopes for Your Child's Camp Experience?** \_\_\_\_\_

**How did you hear about Brethren Woods?** \_\_\_\_\_