

WENDO CAMPER APPLICATION

Name: _____ Gender: Boy: Girl: Age: _____

Birth Date: _____ School: _____ Class: _____

Phone: (Home) _____ Phone: (Cell #) _____ Phone: (Work) _____

Emergency Contact Name: _____ Relation: _____ Phone: () _____

Email Address: (Parents) _____ Alternative : _____

Will your child ride the bus to camp? Yes No

Please Read and Sign Below: I understand that there will be physical activities of which my child may participate and that my child may be exposed to the possibility of injury. I hereby expressly waive any and all liabilities on the part of Wendo Retreat and their staff for any such injury. I give permission for routine medical treatment to be administered to my child. In case of an emergency, and I cannot be contacted, I give permission for Wendo staff to select a licensed physician and authorize the physician to secure proper treatment for my child. I understand that photographs or videos may be taken of my child while at camp. I hereby give my permission for my child to be photographed or videoed and for such to be used only in Wendo literature, videos, website or outside advertisement and marketing.

When your application and deposit are received, you will be required to fill a **Statement of Health** Form and a suggested **list** of needed articles for your child's stay at Wendo Retreat & Arboretum.

Parent Approval: I approve this application and agree to the terms stated herein:

Parent or Guardian Name and Signature:

OFFICE USE ONLY: _____ CAMP ref#
