



Wolf Mountain Camps

REGISTRATION FORM

Office Use	Registered	Signatures	
	Contact Info	Finances	
	Camper Details	Receipt	
	RTM	Date	

- Male Camper Female Camper
 Male Sponsor Female Sponsor

Name _____

Date of Birth _____ Grade _____
in September

Spouse _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____
 Home Cell

Email _____
 Mark here if you do NOT want to receive periodic updates regarding the ministry of Wolf Mountain Camps.

Cabin Mate Request _____

- Church Group Individual

Church Name _____

Church Location _____
City _____ State _____

Payment Information

- Charge Registration Fee ONLY Charge Total Amount

Name on Card	
Card Billing Address (if different than above)	
Card #	
Exp. Date	CVV*

Parent / Guardian Information

For campers under 18 years of age

Name _____

Relationship _____

Phone # _____
 Home Cell

Email _____

Mark here if you do NOT want to receive periodic updates regarding the ministry of Wolf Mountain Camps.

Emergency Contact

Name _____

Relationship _____

Phone # _____

SELECT CAMP ATTENDING

- Father-Son Getaway
- Men's Retreat
- Mother-Daughter Getaway
- Senior High Retreat
- Summer Work Week
- UNCON Gaming Camp
- Winter Work Week
- Women's Retreat A
- Women's Retreat B
- Women's Retreat C
- Youth Rally

Need help? Please call us at 530-273-8709.

Mail your completed form to: Wolf Mountain Camps, 16555 Jericho Road, Grass Valley, CA 95949
 OR scan and email your completed form to registration@wolfmountain.org

Please include a \$50 registration fee (\$100 for camps over \$500).

PARTICIPATION, RELEASE, AND MEDICAL AGREEMENT

Waiver must be read, signed, and dated for each camper

While we make every effort to provide a safe and pleasant environment for every camper who attends Wolf Mountain, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Wolf Mountain.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself or my child while participating in Wolf Mountain activities. I give permission for my child to participate in activities that occur at Wolf Mountain. These activities may include, but are not limited to, swimming in the pool, canoeing, high ropes course, archery, riflery, paintball, horseback riding, and strenuous competition games.

Although Wolf Mountain has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Wolf Mountain reserves the right to use any audio, video, and/or photography of guests or campers participating at Wolf Mountain facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Wolf Mountain, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Wolf Mountain. This release does not apply to intentional and/or willful acts of misconduct by Wolf Mountain or any of its officers, board, agents or employees.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Wolf Mountain on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

Medical Information

Date of last tetanus shot: _____

Medications taken regularly: _____

Preexisting conditions: _____

Specific activities to be restricted: _____

Specific Allergies

Medications, insects, food, and other

Allergies _____

Type of Reaction: _____

Treatment given _____

I give permission for myself or my child to attend camp at Wolf Mountain. I understand that my personal insurance will provide primary coverage for medical aid and that Wolf Mountain will provide excess coverage. I also understand that if my child must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. **IN CASE OF MEDICAL EMERGENCY**, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously.

I verify that my child is immunized against the following according to H.E.W. standards: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. (Please notify the camp if this child has been exposed to any communicable disease during the two weeks prior to camp attendance.)

Registrant is not immunized.

Insurance Company _____ Policy Number _____

Registrant is not covered by insurance

Required Signature

Registrant Signature (Parent / Guardian Signature for minors)

Date