

# Camp Chetek Summer Camp Registration 2017

**Complete this form thoroughly and carefully. Please print clearly.**

**Please Select a Camp Week:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Junior 1</b> – June 19-24 | <input type="checkbox"/> <b>Junior 2</b> – June 26-July 1 | <input type="checkbox"/> <b>Junior 3</b> – July 10-15     |
| <input type="checkbox"/> <b>Teen 1</b> – July 17-22   | <input type="checkbox"/> <b>Teen 2</b> – July 24-29       | <input type="checkbox"/> <b>Teen 3</b> – July 31-August 5 |

**Check One:**

- Male Camper  
 Female Camper

**Camper Information:**

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of next school year): \_\_\_\_\_ T-Shirt Size: Youth Adult \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Camper Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

Home Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Church coming to camp with (if different from above): \_\_\_\_\_ City/ State: \_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_ has my permission to participate in the activities that occur at Camp Chetek. I authorize minor treatment and administration of necessary medications to this camper. I also authorize emergency medical treatment for this camper and accept the responsibility for medical expenses incurred on behalf of this camper. I understand that a reasonable effort will be made to contact me prior to treatment. This authorization is in effect for the week(s) the camper is at camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

I have read the information on the summer brochure and agree to comply with dress standards, conduct standards, and assume responsibility for equipment damage fees.

\_\_\_\_\_  
Camper Signature

I have read the information on the summer brochure and agree to support Camp Chetek with dress and conduct standards for my camper while at camp and assume responsibility for equipment damage fees. I understand that my child's picture may appear on Camp Chetek publications or website. I realize a lice check will be done prior to registration and children found with lice will be sent home.

\_\_\_\_\_  
Parent/Guardian Signature

**Medical and Insurance Information:**

*This section must be completed by a parent or guardian for registration to be finalized.  
**In case of injury, personal or church insurance will be primary and camp insurance will be secondary.***

Prescription Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Does the camper have any conditions that would restrict from participation in normal program activities? \_\_\_\_\_ If yes, please explain on back of form.

Insurance Company: \_\_\_\_\_

Group and Policy Numbers: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Contact's Relationship to Camper: \_\_\_\_\_

**Fee Information:**

*I am enclosing...*

\$ \_\_\_\_\_ Toward Camper Fee  
 (minimum \$40 non-refundable reservation fee)

*Plus (if applicable):*

**\$25** Bus Reservation Fee (Runs Junior 3 and Teen 1.  
 Exact times and places of pick up and drop off are located at [campchetek.org/downloads](http://campchetek.org/downloads).)

**Location:**

- Lake Mills     Madison     Waukesha

Total Enclosed: \$ \_\_\_\_\_

All camper fees are due on or before arrival at camp.

**Camper Costs:**

**Regular..... \$245.00**  
**Early Bird Discount ..... \$235.00\***  
**Full Payment Discount..... \$225.00\*\***

**Discounts:**

For every 10 campers per summer, one adult sponsor may come free.

\*Registration form and \$40 deposit postmarked by **March 1<sup>st</sup>**.

\*\*Registration form and \$225 payment postmarked by **March 1<sup>st</sup>**.

Please send completed forms and fees to:

**Camp Chetek**

PO Box 26

Chetek, WI 54728

Additional registration forms available at  
[www.campchetek.org](http://www.campchetek.org)

Questions? Please call 715-924-3236  
 or email us at [office@campchetek.org](mailto:office@campchetek.org)