

Intercession Camp Registration

Date: _____

Camper's name: _____

Birth Date: ___/___/___ Age: ___ Gender: ___M ___F

School Attending: _____ Grade Level: _____

Parent/Guardian: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (cell) _____

Email: _____

Enrollment Information

Please select each session you are requesting. Spots are filled on a first-come, first-served basis. We will notify you immediately if the session is full. We will keep a wait list in case of cancellations.

Session #/ Dates	Fee
Session 1 March 22-26	\$200/225*
Session 2 March 29-April 2	\$200/225*
Session 3 April 5-9	\$200/225*
Session 4 March 17-19 (3-day)	\$120/135
Session 5	
Session 6	
Session 7	
Session 8	

- Fee is \$200 for members and \$225 for non-members – you may pay membership dues at time of registration

Early Bird Discount: \$10 off per child, per 5-day session before Feb 22nd

EXTENDED DAY: Please circle sessions and indicate # of weeks:

8:00 am drop off: session #s 1 2 3 4 5 6 7 8
= ___ days/weeks x \$5/20 = \$_____

4:00 pm pick up: session #s 1 2 3 4 5 6 7 8
= ___ days/weeks x \$5/20 = \$_____

5:30 pm pick up: session #s 1 2 3 4 5 6 7 8
= ___ days/weeks x \$10/45 = \$_____

8:00 am -5:30 pm session #s 1 2 3 4 5 6 7 8
= ___ days/weeks x \$15/65 = \$_____

Session Subtotal: _____

Extended Day Fee: _____

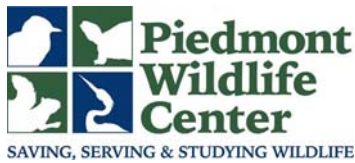
*Member Dues (optional): \$35

TOTAL DUE: _____

* Dues are paid once per family,
per year – renewed same time each
year.

Make checks payable to: *Piedmont Wildlife Center*

Office Use Only Rec'd ___/___/10 Check # _____ Amount _____
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Permission and Emergency Contact Information

Camper's Name: _____

Permission and Liability Waiver: The camper, named above, has permission to fully participate in all **Piedmont Wildlife Center (PWC) Day Camp** activities during the camp session. I, as parent or legal guardian, do hereby grant **PWC** staff the right to authorize emergency medical treatment for the camper named above in the event that I, or my designated representative, cannot be reached. I agree to hold harmless **PWC** and its agents from liability arising out of an accident. The NC Good Samaritan Law will apply.

Signature: _____ Relationship to child: _____ Date: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Email: _____@_____
Phone: (H) _____ (W) _____ (cell) _____
Address: (if different from registration form) _____

Parent/Guardian Name: _____ Email: _____@_____
Phone: (H) _____ (W) _____ (cell) _____
Address: (if different from registration form) _____

Name of relative or friend in the event parents/guardians can't be reached: (Please complete this section)
Name: _____
Phone: (H) _____ (W) _____ (cell) _____

Significant Medical Information:

Health Insurance Co: _____ Policy#: _____ Insured Name: _____
Please note any special needs that we should know about your child (i.e.: allergies, physical or emotional disabilities, etc.)
(Add sheet if needed)

If your child needs medication during the day and you would like Piedmont Wildlife Center staff to provide any of these medications, please sign below to authorize us to do so. I give permission to provide to my child:

Medication: _____ Dosage & time: _____

Signature: _____

Publicity Release: I give permission to Piedmont Wildlife Center to use my child's photo and/or quotes for public relations purposes.

Signature: _____ Date: _____