

# 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 September 20-25          | \$200/225* |
| Session 2 September 27 - October 1 | \$200/225* |
| Session 3 October 4-8              | \$200/225* |
| Session 4 December 20-24           | \$200/225* |
| Session 5 December 27-31           | \$200/225* |
| Session 6 January 3-7              | \$200/225* |
| 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 September 1st**

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

**8:00 am drop off:** session #s 1 2 3 4 5 6 7 8  
= \_\_\_ weeks x 20 = \$\_\_\_\_\_

**4:00 pm pick up:** session #s 1 2 3 4 5 6 7 8  
= \_\_\_ weeks x 20 = \$\_\_\_\_\_

**5:30 pm pick up:** session #s 1 2 3 4 5 6 7 8  
= \_\_\_ weeks x 45 = \$\_\_\_\_\_

**8:00 am -5:30 pm** session #s 1 2 3 4 5 6 7 8  
= \_\_\_ weeks x 65 = \$\_\_\_\_\_

Session Subtotal: \_\_\_\_\_

Early bird discount: \_\_\_\_\_

Extended Day Fee: \_\_\_\_\_

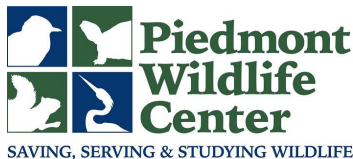
\*Member Dues (optional): \$35

**TOTAL DUE:** \_\_\_\_\_

\* Dues are paid once per family, per year

Make checks payable to: *Piedmont Wildlife Center*

Office Use Only  
Rec'd \_\_\_/\_\_\_/10  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_



# 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: \_\_\_\_\_