

Rising Sun Camp Registration Form

Register online at www.WIUMCamps.org, or complete this registration and waiver form. Separate waiver forms must be included for each participant. All campers are required to have a valid health record at camp. Please register for camps by the grade you will be entering in the fall of 2018.

Camper Name Home Phone

Mailing Address City State Zip

Name of family member incarcerated Relationship to camper

Institution where family member is incarcerated Location

Church Name Church Town

Name (first parent/guardian/adult) Cell Phone Work Phone

Name (second parent/guardian/adult) Cell Phone Work Phone

Email (When provided, will be used to send registration/confirmation materials. We do not sell, rent, or lease our camper lists or email addresses.)

First & Last Name of Camper	Gender	Birthdate	Grade <small>As of 9-1-18</small>	T-shirt size

PAYMENT INFORMATION: Full payment is due with registration form.

\$ 5.00 cost of camp

Payment Method: Money order

Credit Card: Visa or MasterCard

“WI Annual Conference” will be the name appearing on the charge.

Print Cardholder Name:

Card Number: Expiration Date:

Signature

Card I.D. # card I.D. is the last three digits on the signature strip on back of your credit card.

Cardholder's address

if different than address above.

Make Money Orders payable to:
WI UM Camps

Mail to: WIUMCamps, 750 Windsor St.,
Suite 203 Sun Prairie, WI 53590-2149

Phone Number: 608-837-3388

Fax Form to: 608-837-8547

Email: Camping@WisconsinUMC.org

Office Hours: M-F from 8am-4:30pm

Waiver, release and consent

CONSENT TO RECORDING AND USE OF PHOTOS AND VIDEO OF CAMPER. Representatives of the camp may record, by video, photograph or other means of reproduction, the Camper's name, voice, image and physical likeness, and may use any such recorded matter for promotional purposes without further consent, notice or compensation.

ASSUMPTION OF RISK FOR CAMP ACTIVITIES. The Camper has my permission to participate in camp and retreat activities, including, but not limited to, swimming and other water activities, canoeing, hiking, ropes courses, horseback riding, rock climbing, campfires, outdoor games, athletic competitions, transportation to and from camp facilities, meals and other activities. THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.

WAIVER AND RELEASE. On behalf of myself, the Camper, and our respective family members, heirs and assigns, I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

By signing below, I, the undersigned, am stating that I am the parent or legal guardian of the Camper whose name is set forth below, and I have the right to contract for such Camper.

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY.

Parent or Guardian's Name (Printed)

Camper's Name (Printed)

Parent or Guardian's Signature

Camper's Signature
(if over 13 years old January 1 of camp year)

Today's Date

Camper's Date of Birth

Today's Date

Please photocopy this waiver and submit one fully completed and signed copy for each individual attending the camp.

Effective Camp Research Project

This summer, our camp is participating in an exciting research project called the Effective Camp Research Project. The study is designed to assess the impact of the summer camp experience. As part of this study, campers will be asked to complete a short questionnaire on the first and last days of camp. These are very short and can be filled out in about 5 minutes so as not to take time away from the camp experience. A third questionnaire will be sent to campers after they return home from camp. No names or other identifying information of campers will be used in any research documents or publications. If you consent to allow your child to participate in this research project, please sign below and return this form to camp. Your child will also be given the opportunity to consent or opt out of the project. There is no penalty or reward for participation or non-participation. This is totally voluntary.

If you have questions or concerns, please contact the camp office.

I allow my child to participate in the effective camp research project this summer.

Yes

No

Camper's Name (Printed)

Parent or Guardian's Name (Printed)

Parent or Guardian's Signature

Today's Date