

Rising Sun Camp

Registration Form



Name of Camper: _____ Age: _____ Birthdate: _____

Male or Female (circle)

Name of Caregiver: _____

Address of Caregiver: Street: _____

City & Zip: _____

Home phone: _____ Work phone: _____

Number to be used in case of emergency: _____

Institution and address where parent is incarcerated: _____

What medical information do we need to know? _____

Insurance name and policy number (if available). _____

Doctor's name and contact information: _____

Is the camper on any medication? _____ If so, please fill out the additional Medical Authorization Form

Any allergies or food allergies? _____

Other information that the counselors need to know about the camper? _____

Permission to participate:

I hereby give permission for the child in my care to participate in this camp, its activities, including transportation to and from camp and any field trips from the camp. I absolve Rising Sun Camp, the United Methodist Church, individual drivers and counselors of all liability during transportation and time at the camp. I give permission for photos and/or videos to be used for future camp promotion. I give consent to emergency medical care or treatment only if I cannot be reached.

Signed: _____

Date: _____

Please return registration form to:

Rev. Afi Dobbins
3295 N. Martin Luther King Jr. Dr.
Milwaukee, WI 53212

For questions regarding the camp, please contact:

Rev. Afi Dobbins
adobbins@wisconsinumc.org or 937-219-6091