



2010 Family Camp Registration Form

Mark the camp of your choice

June 25-27

July 23-25

August 20-22

The International Center for the Preservation of Wild Animals, Inc. d.b.a. *the Wilds*, requires this form to be completed and signed by the Family Camp Experience participant ("the participant") if the participant is an adult, or, if the participant is a minor, by his/her parent/guardian. No participant will be permitted to remain overnight at *the Wilds* without a completed and signed 2010 Family Camp Registration Form. Any changes to this form must be provided to *Wilds'* personnel upon participants' arrival.

Primary Participant: _____ Age: _____

(1) Additional Participant: _____ Age: _____

(2) Additional Participant: _____ Age: _____

(3) Additional Participant: _____ Age: _____

(4) Additional Participant: _____ Age: _____

(5) Additional Participant: _____ Age: _____

(6) Additional Participant: _____ Age: _____

(7) Additional Participant: _____ Age: _____

(8) Additional Participant: _____ Age: _____

(9) Additional Participant: _____ Age: _____

Address of Primary Participant: _____

_____ City State Zip

Phone: _____ (H) _____ (W)

Email of Primary Participant: _____

Name of Family Physician: _____ Phone: _____

In case of emergency notify:

Name: _____ Phone: _____ (H) _____ (W)

Name: _____ Phone: _____ (H) _____ (W)

Health Insurance Plan or Policy: _____ Policy No.: _____

I would like to **share a yurt** with the following family group or person: _____

I plan to bring a tent instead of staying in a yurt: Yes No

Medical Authorization

If the participants are minors, I authorize American Red Cross first aid/CPR certified personnel of *the Wilds* to:

- Dispense acetaminophen (Tylenol) to participant for headache, fever, minor pain Yes No
- Dispense diphenhydramine HCL (Benadryl) to participant for allergic reactions. Yes No
- Provide first aid treatment and/or emergency medical treatment to participant. Yes No

Participant Family/Individual Health and Medical Information

First Name	Medications	Allergies	Dietary Requirements/Restrictions

Add additional pages if necessary for Health/Medical Information

Other Conditions or Circumstances: Describe any conditions or circumstances about any of the participants of which *the Wilds* needs to be aware.

Promotional Consent

I consent to the use of any video or photographs taken of participant(s) while participating in any program or activities at *the Wilds* for the promotion of *the Wilds* and its programs. Yes No

Release of Liability

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release *the Wilds*, its officers and employees, from any claims for personal injury or property damage arising out of any of the above listed participant's participation in the Family Camp Experience.

I understand that an injury sustained by any participant while participating in the Family Camp Experience will not be covered by insurance provided by *the Wilds*.

Parent Participant / Guardian Name: _____

Signature: _____ Date: _____

Return to:
 Family Camps
the Wilds
 14000 International Rd.
 Cumberland, OH 43732

2010 Family Camp Payment Form

Primary Participant Name: _____

	First	Middle	Last
Date	Number of Adults	Number of Children	
June 25-27	_____ x \$150.00	+ _____ x \$125.00	= \$ _____
July 23-25	_____ x \$150.00	+ _____ x \$125.00	= \$ _____
August 20-22	_____ x \$150.00	+ _____ x \$125.00	= \$ _____
		Total	= \$ _____

Please make checks payable to *the Wilds*.

Check Enclosed

Credit Card Payment Method: Visa MC Discover Am. Exp.

Card#: _____

Exp.Date: _____ 3-4 Digit Code: _____

Name on Card: _____

Billing Address: _____

City

State

Zip

Name must be as it appears on credit card.

If you wish, credit card payments may be phoned in by calling *the Wilds'* Reservation Coordinator at 740-638-5030 ext 2286. If you call in your payment, you do not need to submit a payment form with the registration forms.