

REGISTRATION FORM

(PLEASE FILL OUT ALL THREE SECTIONS)

Circle week applied for (separate application and fee for each week required) - Registration Fee - \$15.00 --- **Please do not send cash**

June 1-6 June 8-13 June 15-20 June 22-27 June 29-July 4 July 6-11 July 13-18 July 20-25
 Grades 10-11-12 Grades 7-8-9 Grades 5 & 6 Grades 3 & 4 Grades 1 & 2 Grades 7-8-9 Grades 5 & 6 Grades 3 & 4

Name _____
(Last) (First) (Middle) (Name called at home)

Address _____
(Number and Street) (City) (State) (Zip)

E-mail _____ Home Phone _____

Parent's Business Phone (Father's) _____ (Mother's) _____

Boy _____ Girl _____ Present Age _____ School Grade last Fall _____

Home Church & Address _____ Member? Yes _____ No _____

Father _____ Mother _____ Guardian _____

APPLICANT NOT TO WRITE IN THIS SQUARE!						
Date Rec'd	Confirmation Sent	Registration Fee Paid	Balance Owed	Cabin Assignment	Received By	Balanced Received at: Cash or Check In Mail

ED.2003

PLEASE COMPLETE HEALTH CARD - FOR NURSE'S USE - WEEK OF _____

Name _____
(Last) (First) (Middle) (Name called at home)

Address _____
(Number and Street) (City) (State) (Zip)

Home Phone _____ Parent's Business Phone (Father's) _____ (Mother's) _____

Circle One:

- 1 Does the camper have allergies? Yes No If so, list & explain _____
 - 2 Does the camper have any serious medical problems? Yes No If so, list & explain _____
 - 3 Will camper require any medication or medical treatments while at camp? Yes No If yes, list & explain _____
 - 4 Is the camper prohibited from any physical activities? Yes No If yes, list & explain _____
 - 5 Are camper's immunizations current? Yes No Date of last Tetanus shot _____
 - 6 Has camper had Chicken Pox? Yes No Vaccinated? Yes No
 - 7 Do you give the camp nurse permission to treat the camper with over-the-counter medication for minor complaints and injuries? Yes No
- Special instructions _____
8. In an emergency if we are unable to contact you or your physician, do we have permission to use the on-call physician, and the nearest hospital? Yes No
- Family Physician Name _____

Phone number _____ Address _____

Cabin Assignment _____ Parents or Guardian's Signature _____
(Please enclose a copy of insurance or Medicaid card)

PLEASE COMPLETE CABIN CARD - FOR COUNSELOR'S USE - WEEK OF _____

Name _____ Boy _____ Girl _____
(Last) (First) (Middle) (Name called at home)

Address _____ Age _____
(Number and Street) (City) (State) (Zip)

Home Phone _____ Parent's Business Phone (Father's) _____ (Mother's) _____

Home Church & Address _____ Member? Yes _____ No _____

- Is camper to be prohibited from swimming? Yes No Diving? Yes No Other? List _____
- If camper is on any special medicine or dietary regime, explain _____
- Is camper given to Bed wetting? Yes No Sleep walking? Yes No Night terrors? Yes No Fainting? Yes No Sore Throats? Yes No
- Any additional information for cabin leader: _____

APPLICANT NOT TO WRITE BELOW THIS LINE!	
Nurse's Instructions To Counselor	Instruction from director to counselor _____
	Counselor's report at end of week _____
Cabin Assignment	

ED. 2003

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WIREGRASS CHRISTIAN YOUTH CAMP, INC.
P.O. BOX 311072 ENTERPRISE, AL 36331
334-347-0111

STAFF APPLICATION 2008

PLEASE COMPLETE IN BLACK OR BLUE INK ONLY.

Name _____ Birthday _____ (0/00/00)

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ Male _____ Female _____

Are you an active member of the Church of Christ? ___ What congregation _____

Church address _____ Phone # _____

Preacher/Elder's name _____ Phone# _____

1. Can you swim? _____ Are you a qualified lifeguard? _____

PLEASE ATTACH A COPY OF YOUR LIFEGUARD CERTIFICATION

2. How many years have you worked at Christian camps? _____ How many years have you worked at Camp Wiregrass? _____ Which camp director did you work for? _____

3. Why do you want to come to Camp Wiregrass as a counselor? _____

4. Which week/director is your **first** choice to work with? _____

Which week/director is your **second** choice to work with? _____

Do you wish to apply for both weeks? _____

5. Please give the name of a preacher or elder as a reference _____

6. Please circle the position you prefer: Village Leader, Cabin Leader, Counselor, Jr. Counselor

7. Circle events you prefer to supervise: softball, ping pong, volleyball, basketball, horseshoes.

8. Circle jobs you prefer to do: teach a Bible class, assist in Bible class, preach evening worship, lead singing, work with crafts.

By signing this application I pledge myself to abide by the principles of Christianity and to carry out the purposes and policies of Camp Wiregrass, to build Christian character and training in all campers. I further pledge to comply and abide by all guidelines and rules set forth by Camp Wiregrass.

_____ Date _____

PLEASE READ ALL GUIDELINES LISTED ON BACK OF THIS FORM BEFORE SIGNING.