



**CAMP WEBB** an outdoor ministry of the Episcopal Diocese of Milwaukee  
**CAMPER REGISTRATION**  
**FORM 2011**

*Each person coming needs to please fill this registration form fully and return it to the Diocese. Refunds will NOT be given after June 1.*

**Please check which session(s) your camper is attending:**

- Leadership Camp - July 10-15 - rising 9th—12th (\*Only 12 spots for this camp!)
- Intermediate Camp - July 10-15 - 3rd - 6th graders
- Mixed Age Camp - July 17-22 - 3rd - 7th graders
- Middle/Senior High Camp - July 24-29 - 7th - 12th graders
- Counselor-in-Training – July 7 & 8 (Training) July 10-15 – rising 11 and 12<sup>th</sup> grade youth
- Counselor-in-Training – July 7 & 8 (Training) July 17-22 – rising 11 and 12<sup>th</sup> grade youth

Space for each camp is limited! Register early!

**Camper Information**

**This information is for camp use only. We will not share or sell your information.**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade entering \_\_\_\_\_ Gender \_\_\_\_\_  
 Home phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Camper Email \_\_\_\_\_  
 Congregation \_\_\_\_\_ City \_\_\_\_\_  
 Priest/Deacon/Warden's Name \_\_\_\_\_  
 Roommate Request \_\_\_\_\_  
 What, if any, specific activities should be restricted? \_\_\_\_\_  
 Please list all allergies (food, environmental, etc.) \_\_\_\_\_

**T-shirt Size**

- Youth S
- Youth M
- Youth L
- Adult XS
- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL

**Parent and Emergency Contact Information**

**If parents live at different addresses, please list both. This is for emergency use only. We will not share or sell your information. \*\*\*If there are special custodial arrangements, please notify us.**

**Primary Residence**

Name \_\_\_\_\_  
*Please circle one* Mother /Father/Guardian  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Secondary Residence**

Name \_\_\_\_\_  
*Please circle one* Mother /Father/Guardian  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Additional Emergency contact**

*(This person should not be a parent and should have a car in case a camper needs to be picked up in an emergency)*

***In the event that the parent/guardian cannot be reached, please notify:***

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Home phone \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

## Fees and Scholarships

*Please note: We will NOT be able to refund any registrations after June 1*

<b>Early Registration \$375</b> (Before April 1)	<b>Regular Registration \$400</b> (April 1 - May 15)	<b>Late Registration \$450</b> (After May 15)	<b>Counselor-in-Training \$150</b>
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### FEES

<input type="checkbox"/> I am paying the registration fee of	
<input type="checkbox"/> I am paying a deposit of	
<input type="checkbox"/> This child qualifies for the \$20 sibling discount. Name of sibling _____	\$ - 20.00

### SCHOLARSHIPS

I would like to apply for a Camp Webb Scholarship and am asking the Diocese to pay	
I will pay	
My parish will contribute * (see below for needed signature)	
My child qualifies for the Bishop's Scholarship for Children of Clergy	\$ -100.00
<b>TOTAL</b>	

*\*If your parish is making a contribution, please have your Clergy Person or Sr. Warden Sign that they have agreed to pay the above amount for the Camper's Scholarship.*

Priest/Minister's Name \_\_\_\_\_ Congregation \_\_\_\_\_  
 Priest/Minister's Signature \_\_\_\_\_

## Parent/Guardian Authorizations

I, \_\_\_\_\_, give full permission for my child, \_\_\_\_\_, to attend The Diocese of Milwaukee's summer camp, Camp Webb; and to participate in all activities unless otherwise specified on the Health Form. I have read the camp brochure and understand and agree to cooperate with all regulations regarding health, special qualifications and age.

I  DO  DO NOT give my permission for photographs or video footage of my child to be used by the Diocese of Milwaukee and Camp Webb for promotional purposes such as, but not limited to: brochures, daily website photos of camp, camp DVD, etc. No names will be used.

I  DO  DO NOT give my permission for my child's address, phone and email to be included on a participant roster of the camp session. This is for camper and staff use only.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

I give my permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Liability

I agree to hold the Diocese of Milwaukee, Camp Webb and any associated agencies and persons free and waive my claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her camp experience.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:** Camp Webb, c/o The Diocese of Milwaukee, 804 East Juneau Avenue, Milwaukee, WI 53202.  
**For more information,** please contact The Rev. Shannon Kelly, Bishop's Assistant for Christian Formation and Camp Director at 414-272-3028 x 114 or at kelly@diomil.org or her assistant, Kate McKey at diomilformation@gmail.com or 608-257-1533. **FAX:** (866)499-1973