



DATES

July 11-15	North End
July 18-22	West End
August 1-5	South End
August 8-12	East End

PLEASE RETURN THIS FORM BY JULY 1, 2022



CAMP WILD

IS A MINISTRY OF THE HOPE CENTER

301-739-1165
 fb.me/campwildusa
 Instagram: wildsideyouth
 info@wildsideyouth.com

Please write down any medical conditions, allergies, or special needs your child(ren) may have:

CHILD'S NAME _____
 MALE FEMALE BIRTHDATE _____

ALLERGIES/SPECIAL NEEDS _____

PREMIUM ONLY T-SHIRT SIZE= YOUTH: S M L ADULT: S

CHILD'S NAME _____

MALE FEMALE BIRTHDATE _____

ALLERGIES/SPECIAL NEEDS _____

PREMIUM ONLY T-SHIRT SIZE= YOUTH: S M L ADULT: S

CHILD'S NAME _____

MALE FEMALE BIRTHDATE _____

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PREMIUM ONLY T-SHIRT SIZE= YOUTH: S M L ADULT: S

CHILD'S NAME _____

MALE FEMALE BIRTHDATE _____

ALLERGIES/SPECIAL NEEDS _____

PREMIUM ONLY T-SHIRT SIZE= YOUTH: S M L ADULT: S

TURN OVER TO FINISH FILLING OUT THE FORM

Please note, Camp Wild is held in English. If you need a foreign language or sign language interpreter for your child(ren) you must provide that on your own.

I have enclosed payment for all campers electing the optional Camp Wild Premium package. Camp Wild Premium Membership costs \$10.00 per camper. Membership lasts for one week at Camp Wild 2022. If paying with cash, please pay at the Hope Center Administrative Office. Please pay by July 1, 2022. **Campers receive their Premium packages on their first day of camp.**

I have enclosed a list of my child's allergies, medicines, and medical conditions. If this is not applicable, leave box unchecked.

PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

GUARDIAN SIGNATURE _____

My signature as parent/guardian indicates that camper is in good health, can participate in all camp activities, and can be treated by a doctor or hospital in case of emergency. I hereby, for myself, heirs, and executors, and administrators, waive and release any, and all rights and claims I may have against Four States Christian Missions, Inc. and/or individuals, and its agents, employees, volunteers, representatives, successors, and assigns, for any and all injuries sustained by my child arising from Camp Wild or the individuals responsible for such. Four States Christian Missions, Inc. is not to be held responsible for medical conditions/injuries campers have prior to attending Camp Wild. Signatures also gives Four States Christian Missions, Inc. permission to use photos that include camper in print, video, and internet publicly. Camp Wild 2022.

MAIL TO:
 CAMP WILD USA
 P.O. BOX 685
 HAGERSTOWN, MD 21741

EMAIL TO:
 INFO@WILDSEYOUTH.COM