

WCA CAMP



BE TRANSFORMED

2016

DETAILS

When is camp?

WCA Camp 2016 is the week of Sunday, July 10 through Saturday, July 16.

Registration/Check-In is from 3 - 4 p.m. Sunday, July 10.
Departure/Pick-Up is at noon Saturday, July 16.

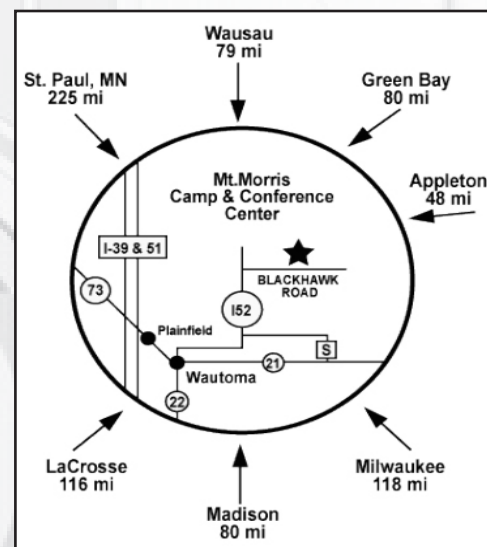
Campers and their families are asked to adhere to the above times. Be advised if you arrive early, camp will not open before 3 p.m.

The camp leaders place a high value on campers being together for the entirety of the week-long program. Any late arrivals or early departures will need to be approved in advance, at the discretion of the WCA Youth & Camp Committee Chair.

Where is camp?

Mt. Morris Camp & Conference Center
W6016 Blackhawk Road
P.O. Box 676
Wautoma, WI 54982

Check out Mt. Morris online: www.mt-morris.org



What is ropes?

The ropes course is a series of physical adventure challenges requiring a combination of teamwork skills and individual commitment. The Ropes Course Consent Forms should be completed by Senior High level campers who may want to participate in ropes activities. Mail all three parts with your registration. If you submit a Ropes Course Consent Form and then later on choose not to participate that's OK, but you must have a form on file to participate.

CAMP BASICS

Who can come to camp?

- Mini Kamp is for students completing grades 3-5 in the spring of 2016.
- Junior High is for students completing grades 6-8 in the spring of 2016.
- Senior High is for students completing grades 9-12 in the spring of 2016.

You don't have to be an official Congregationalist to come to camp! Friends from other denominational backgrounds are always welcome. However, please understand this is a Christian camp, and the program and activities will reflect that tradition.

What is WCA Camp all about?

WCA Camp is about strengthening connections of friendship, fellowship and faith — with yourself, with others, with scripture and, most of all, with God. If you're interested in strengthening these connections while having lots of fun and meeting new friends, you'll have an awesome time!

What do you do at camp?

<u>Faith</u>	<u>Fellowship</u>	<u>Fun</u>
Worship & Singing	Stargazing	Swimming
Small Group Discussion	Nature Hikes	Volleyball
Campfires	Organized Activities	Ropes Course
Cabin Devotions	Free Time	Arts & Crafts
Bible Study	Games	Soccer
Communion	Random Dancing	Ultimate Frisbee
Personal Reflection	Deck Party	Disc Golf

...and much more!

Questions about camp? Contact the WCA Youth & Camp Committee Chair:

Emily Campbell
ecampbell0322@gmail.com
(262) 339-8986

PROGRAMS

Mini Kamp

Directors: Rev. Julie Sheridan Smith & Susannah Carson

Program: Living Inside Out

Mini Kamp will be “Living Inside Out” this week. Campers will be taking on the “character”-istics of Joy, Sadness, Anger, Fear & Disgust from Disney’s blockbuster movie *Inside Out*. Activities, games, crafts, skits & discussions will help us explore and transform our relationships with God and each other.

Junior High

Director: Abby Cole

Program: Finding God

We are all familiar with Disney/Pixar’s *Finding Nemo*, and most recently *Finding Dory*, but this year at camp junior highers will talk about “Finding God” — a program about finding purpose through God in our everyday lives. We will explore how we can place our lives before God and be transformed from the inside out (Romans 12).

Senior High

Director: Jeni Branum

Program: I Believe in You

Senior High campers will take a look at this powerful statement from multiple points of view, unraveling what it means to say it, hear it, and fully live it. Looking to the Bible for examples, we’ll find evidence of God’s unconditional faith & confidence in our potential. Discover the amazing ways your life can be transformed when you start by saying, “I believe in you!”

Camp Administrator: Tonia Wallner

REGISTRATION

2016 Camp Rates

*rates include \$50 non-refundable deposit due with registration.

Registration & deposit postmarked on or before:	May 1	June 15
Weekly rate:	\$375	\$475

The weekly rate covers costs of lodging, meals, snacks, activities, program supplies and staff.

1. Fill out WCA Camp Registration/Consent and Health Forms. Note: Health Form 2 must be completed by a physician, physician's assistant or nurse practitioner. If your last physical took place before July 16, 2014, you will need to have another.
2. If you are in Senior High and think you might want to participate in ropes, you must fill out the three-part Ropes Course Consent Form.
3. Mail your completed forms and \$50 deposit check made payable to "WCA," to:

Emily Campbell
c/o WCA
1628 S Bundy Drive #111
Los Angeles, CA 90025

OR scan and email to: ecampbell0322@gmail.com

Emily will email you to confirm receipt of your registration forms.

BALANCE IS DUE IN FULL **AT CAMP.**

SPACE IS LIMITED AND LATE REGISTRANTS WILL NOT BE ACCEPTED AFTER **JUNE 15** WITHOUT PERMISSION FROM THE ADMINISTRATOR.

Scholarships

The Clayton Wakefield Memorial Fund provides partial scholarships to cover the cost of camp. Last year, scholarships made it possible for 11 youth to have a life-changing experience at camp. The WCA encourages families to apply if the cost of camp is a concern. An application form is included in this packet. Additional financial assistance may be offered through your congregation — inquire with your youth leader.

WHAT TO PACK

Necessities

- Clothing: shirts; shorts; jeans; socks; underwear; sweatshirts; jacket; jammies
- Shoes: sneakers, sandals (footwear must be worn except in cabin or pool!)
- Dressy outfit for banquet Friday night
- Sleeping bag and pillow (or sheets with warm blanket)
- Towels & toiletries: soap, toothbrush/paste, deodorant, shower gear, etc.
- Flashlight, sunscreen & bug spray
- Your Bible!!

Suggestions

- Rain poncho or umbrella; hat or cap; frisbees; other sports equipment
- Sunglasses; swimming suit; table or window fans
- Camera and watch (PHONES MAY ONLY BE USED IN CABINS DURING FREE TIME!)
- Cash \$\$\$ for snack bar and souvenirs

Not suggested

We STRONGLY advise you to leave all electronics at home. The WCA will not be liable for any lost, stolen or damaged items. This includes (but is not limited to):

- iPods; stereos; Bluetooth speakers; headphones; other music equipment
- Cell phones; iPads; laptops; tablets; portable gaming devices

Not allowed

- Cigarettes; tobacco products; lighters; matches; other flame producers
- Alcoholic beverages; drugs or drug paraphernalia (except necessary meds)
- Firearms; ammunition; knives; hunting equipment; weapons of any kind
- Firecrackers; fireworks; explosives of any kind
- Hoverboards; rollerblades; skateboards; scooters; mini-bikes or motorcycles
- Food (with the exception of cereal which must be kept in the dining hall)***
- Any clothing that might be deemed suggestive or inappropriate
- Air conditioners
- PETS



All mail for campers and staff should be sent to:

CAMPER'S NAME
C/O Mt. Morris Camp & Conference Center
W6016 Blackhawk Road
P.O. Box 676
Wautoma, WI 54982

Food allergies and dietary restrictions will be accommodated by dining hall

EXPECTATIONS

All campers are expected to respect fellow campers, camp staff and the campgrounds. This means each camper is expected to participate in all scheduled activities to the best of his/her ability unless excused by a staff member. Campers may not leave the campgrounds without staff permission. Also, campers may not enter a cabin assigned to the opposite gender.

Futhermore, indecent exposure, abusive language, disturbance of another's sleep, violation of another's privacy and/or property, and abuse of the campgrounds and facilities will not be tolerated, and may result in the camper in question being sent home immediately.

Campers are expected to respect and obey all instructions from camp staff.

When you arrive:

Your completed Registration/Consent & Health and Ropes Course forms should have been mailed in advance with your deposit check. Your final payment should have been mailed or brought to camp. Any camper for whom we do not have completed Registration/Consent and Health forms cannot stay at camp and will need to return home.

Any medication — prescription or over-the-counter — must be turned in to the camp nurse, along with written instructions regarding dispensation. All prescription meds must be in their original container with the physician's name, camper's name, type of medication and dosage clearly marked.

We strongly advise against campers driving themselves to and from camp. Those who do must surrender their keys to a camp director. Campers will not be permitted to operate vehicles during camp.

The following information is provided for emergencies only.
Campers will otherwise not have access to the office phone, fax machine or computers.

Toll free: 1.888.MTMORRIS

Fax: 920.787.0072

Email: mtmorris@bugnet.net

WISCONSIN CONGREGATIONAL ASSOCIATION CAMP REGISTRATION/CONSENT FORM

Camper's full name:	
Gender:	
Birth date:	
Age as of July 16, 2016:	
Grade just completed:	
T-shirt size (S, M, L, XL+):	
Choice: Tank Top or T-shirt	
Home church:	
Parent(s)/Guardian(s):	
Home street address:	
City, state and zip:	
Parent/guardian phone number:	
Parent/guardian email address:	
Camper email address:	
Payment included (amount):	
REFERRED BY: <i>(First-time campers only)</i>	

To be completed by the camper:

I have read all pages of the WCA Camp Brochure, understand its contents, and agree to abide by its instructions. I understand that if I fail to follow these policies and procedures, I may be sent home at my parents' expense. I also realize that my attitude will largely determine the kind of experience that I have at camp, and therefore I will do all that I can to make the week of camp a safe and fun time of recreation and learning for myself and for my fellow campers.

Camper's signature

Date

For camp staff use only.

Date of receipt:	
	Deposit received: Y/N
	Payment included (amount)
	Payment due (amount)
	Other notes:

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Rope & Challenge Course Assumption of Risk Form

Mt. Morris Camp and Conference Center assumption of risk registration form

All participants must sign parts 1, 2 and 3.

Part 1

I am aware in signing this document for participation in the Ropes and Challenge Course, that certain elements of the program can be physically and emotionally demanding. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the sponsoring agency and its staff. I understand that Mt. Morris Camp and Conference Center has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time I realize it is my responsibility to ask for clarity and/or assistance.

In signing this document, I authorize the leader of the activities to secure such medical advice and services as deemed necessary from any health and safety----- and agree to accept financial responsibility:

- Where my health and well-being is involved
- Where medical advice has been such that further services are required
- Where all reasonable attempts to contact family have failed or where the nature of the emergency does not allow time to make contacts
- Where the benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers and risks associated with this course and waive all claims against Mt. Morris Camp and Conference Center staff and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. Furthermore, I give my consent to the instructors or other medical personnel to treat me in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

(If participant is under 18)

Part 2

Mt. Morris Camp and Conference Center - MEDICAL DISCLOSURE/HEALTH FORM

We require that this form be filled out in full.

Name: _____

Address: _____

Phone: _____

Age: _____

In case of emergency please notify:

Name: _____

Phone: _____

Relationship: _____

Physician Name: _____

Physician Phone: _____

Medical Policy and Number: _____

1. Do you smoke? Number of packs per day _____ YES NO
2. Do you wear glasses or contacts? YES NO
3. Are you currently under a physicians care? YES NO
If yes please explain: _____
4. Are you currently taking medication? YES NO
If yes please explain: _____
5. Do you have any allergies? YES NO
If yes please explain: _____
6. Do you require special assistance of any type? YES NO
If yes please explain: _____
7. Have you had a recent injury, illness, or operation? YES NO
If yes please explain: _____
8. Do you have diabetes, seizures, or frequent fainting/dizziness? YES NO
If yes please explain: _____
9. Do you have neck, back or shoulder pain or injury: YES NO
Please explain: _____
10. Does your weight present health problems or limit physical activities? YES NO
Please explain: _____
11. Do you have a history of heart problems or high blood pressure? YES NO
Please explain: _____

***If you have checked yes to #11 please note the information on the
Following page.***

Participant's Signature: _____ Date: _____

Part 3

Health Form Disclosure - Ropes and Challenge Course

Participants with a history of heart problems and/or high blood pressure are at risk while participating on the Ropes and Challenge Course due to the emotional and physical demands involved. Whereas heart attacks and fatalities have occurred in situations where individuals with pre-existing heart/high blood pressure conditions have participated in Ropes and Challenge Course activities, Mt. Morris Camp and Conference Center cannot guarantee your physical safety should you choose to participate. Mt. Morris Camp and Conference Center asks that all participants answering YES to question #11 acquire a written approval from their physician prior to participation.

For General Information Regarding Pregnancy, *please note the following:*

The activities involve twisting, turning, lifting, supporting body weights, unexpected physical contact, potential falling from various heights, and waist harness usage. By participating in these activities while pregnant, you will put yourself and your unborn child at risk and in potentially dangerous situations. Should you decide to participate, Mt. Morris Camp and Conference Center cannot guarantee the safety of you or your unborn child. If you are pregnant and wish to participate, Mt. Morris Camp and Conference Center asks that you attain a physician's written approval.

I have read the Mt. Morris Camp and Conference Center Health Forms (Forms 2 and 3) and fully understand them without question. The information I provided is accurate to the best of my knowledge.

Participant's Signature _____ **Date** _____

Clayton Wakefield Memorial Fund

Wisconsin Congregational Association Camp Scholarship Application Form

Created in 1994, the Clayton Wakefield Memorial Fund seeks to provide need-based scholarship money to young people who wish to attend the WCA Summer Camp program, but could not manage to attend without financial support. Clayton passed away in March of 1994 at the age of 17 after a life-long struggle with hydrocephalus. While originally created with a portion of the memorial gifts given in honor of Clayton, the fund is supported by donations from churches and individuals, and is administered by the Chairperson of the WCA Youth & Camp Committee. Clayton's parents, Charles and Deborah Wakefield, and his brothers, Cade and Chapman Wakefield, are grateful for your interest in WCA Camp and for all of the donations the fund receives.

Applicant's name:

Street address:

City, State, Zip:

Telephone number(s):

Email address:

Applicant's age: _____ Applicant's grade level: _____

Name(s) of applicant's parent(s) or guardian(s):

Name and city of applicant's church:

Applicant's pastor and/or youth minister/director:

1) Please estimate the amount of financial support toward your camp attendance that you expect to receive from your church and/or youth group: _____

2) What circumstances in your church and/or youth group have led to your camp money being limited to the amount indicated above? (for example, budget problems, lack of fundraisers, etc.)*

3) Please estimate the amount of financial support toward your camp attendance that you expect to receive from your family.

4) What circumstances in your family have led to your camp money being limited to the amount indicated above? (for example, job lows, low income, etc.)*

5) What other camps/conferences will you and other members of your family be attending this summer?

6) In a brief paragraph, please describe your reasons for wanting to attend WCA Camp. Why is it important to you?

* Out of respect for your privacy, the WCA Youth & Camp Committee Chairperson considers questions 2 & 4 (related to the financial status of your church, youth group and family) to be optional.

However, please note that if you answer these questions openly and specifically, your chances of receiving scholarship money may significantly increase. Such is the nature of need-based scholarships.

Thank you for taking the time to respond to these questions. Please understand that due to the limited resources of the Fund, and the demand for its use, no applicant (except in extreme cases) will receive a full scholarship for camp.

Please return this form with your Camp Registration/Consent & Health Forms.

If you are interested in contributing to the Clayton Wakefield Memorial Fund, or if you have any other questions about the Fund, please contact the WCA Youth & Camp Committee Chair:

Emily Campbell
ecampbell0322@gmail.com
(262) 339-8986