



**The Green River Outreach for
Wilderness Foundation
Summer Camp Registration
2018**

Camper
Photo
Here

Camper's Full Name (first, middle, last) _____

Friends call him/her _____ T-Shirt Size: _____ Gender: Male Female

Birth date ___ / ___ / ___ Age when attending camp _____ 2017/2018 school grade _____

Mailing Address _____

City, State, Zip _____

Country (if other than USA) _____

Primary Contact's Phone Number () - _____ Primary Contact's Email Address _____

Camp 2018 Dates

(Please check **all** weeks that the camper desires to attend)

GIRLS

- June 10-16**
- June 17-23**
- *June 24-30**
- July 1-7**

BOYS

- July 8-14**
- *July 15-21**
- July 22-28**
- July 29-August 4**

*Backcountry hiking trips available during starred weeks for **campers 12 and older** who have attended at least 1 week of camp prior to the trip. Campers will carry light daypacks while hiking with horses packing most of the camping gear. Please contact us if you would like to sign your camper up for a backcountry hiking trip.

Mother's Name (first, last) _____ Mother's Primary Phone Number () _____

Mailing address (if different from camper) _____

City, State, Zip _____

Father's Name (first, last) _____ Fathers Primary Phone Number () _____

Mailing address (if different from camper) _____

City, State, Zip _____

Camper's Emergency Contact _____ Relationship to camper _____

Emergency Contact Phone Numbers () _____ or () _____

Are parents divorced or separated? _____ If yes, with whom does the child live? _____

Are there other family issues / concerns that the camp director should be aware of? (attach additional sheets if necessary)

How did you hear about Camp GROW? _____



The Green River Outreach for Wilderness Foundation

Method of Payment

A \$400 deposit per session must accompany application with balance of fees due by May 4, 2018. After May 4, payment is due in full with registration assuming space is available. Incomplete registrations and forms without the \$400 deposit cannot be processed and will be returned.

Check/money order payable to "GROW Foundation" Amount \$ _____

OR

Credit Card: (Visa/MasterCard) Amount to be charged to card \$ _____

Cardholder name as appears on card _____

Billing Address for Card _____ ZIP _____

Card Number _____ Security Code _____ Expiration Date: _____

Note – For those who paid deposit via credit card, GROW will change the balance of fees due on the card on June 6, 2016.

For Credit Card Payment, Please sign here _____ Date _____

Discounts

Please check all applicable discounts.

Early Bird Discount: \$50 off camp tuition for registering by February 28th, 2018.

Camp Party Discount: \$25 off for attending a Camp GROW Informational Party. Must register the day of or day after the event to receive this discount.

I have limited financial resources and am submitting a "Campership" application for additional assistance.

Checklist

Please double check your camper's application. Remember all enrollment paperwork must be accompanied by a \$400 deposit. Also, please don't forget to mail the additional camper forms prior to your camper's arrival. All the forms can be found on our webpage at <http://www.greenriverfoundation.com/register.html>

Camper Health Form

Camper Travel Form (if applicable)

Parent and Camper Goals

Parental Consent

I understand that the Green River Outreach for Wilderness Foundation assumes no responsibility for injury or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in camp activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge the Green River Outreach for Wilderness Foundation, its agents, contract services, servants, volunteers, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. Furthermore, I understand that no accident or medical coverage is provided. I have read and agree to the terms and conditions as stated in this registration packet. All information is true and accurate to the best of my knowledge.

Signature of parent / legal guardian _____ Date _____

