

WildWood Camper Registration

June 23-27, 2025

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Birth Date _____ Gender _____

Grade Fall of 2025 _____

T-Shirt Size (Youth Medium – Adult XXXXL) _____

Church Affiliated With _____

Emergency Contact that will be contacted in case of illness or injury

Name _____ Relationship _____

Phone _____ Email _____

Address (if different from above) _____

Secondary Contact Person if the first can't be reached

Name _____ Relationship _____

Phone _____ Email _____

Address (if different from above) _____

Third Contact Person if the first two can't be reached

Name _____ Relationship _____

Phone _____ Email _____

I give permission for Wildwood to use photos and videos of the participant: Yes No

Signature of Parent or Guardian _____

Date _____

WildWood 2025 Camper Health Information

Full Legal Name _____

Birth Date _____

General Health History: Circle yes or no for each statement. Explain yes answers below.

Ever been hospitalized?	YES	NO	If female, have problems with menstruation?	YES	NO
Ever had surgery?	YES	NO	Have problems with falling asleep?	YES	NO
Have recurrent/chronic illnesses?	YES	NO	Ever have back/joint problems?	YES	NO
Had a recent infectious disease?	YES	NO	Have a history of bed wetting?	YES	NO
Had a recent injury?	YES	NO	Have problems with diarrhea/constipation?	YES	NO
Had asthma/wheezing/shortness of breath?	YES	NO	Have any skin problems?	YES	NO
Have diabetes?	YES	NO	Traveled outside of the county in past 9 months?	YES	NO
Had seizures?	YES	NO	Treated for ADD or ADHD?	YES	NO
Had headaches?	YES	NO	Treated for emotional/behavioral difficulties?	YES	NO
Wear glasses, contacts, or protective eye wear?	YES	NO	Had a significant life event that continues to affect this person's life (history of abuse, death of a loved one, family change, adoption, foster care, survived a disaster, etc.)	YES	NO
Had fainting/dizziness?	YES	NO			
Passed out/had chest pain during exercise?	YES	NO			
Had mononucleosis during the last 12 months?	YES	NO			

Please explain "Yes" answers in the space below.

Any additional information we need to be made aware of please list below.

Health Care Providers

Name of Primary Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Medical Insurance Information

This person is covered by family medical/hospital insurance? YES NO

Insurance Company _____ Policy Number _____

Include a copy of both sides of insurance card.

Medication

This camper will NOT take any daily medications while attending camp. YES NIO

This camper WILL take the following daily medication(s) while at camp:

Name of Medication _____ Amount/Dose Given _____

Reason for taking it _____

When is Medication Administered: Breakfast Lunch Dinner Bedtime Other

Name of Medication _____ Amount/Dose Given _____

Reason for taking it _____

When is Medication Administered: Breakfast Lunch Dinner Bedtime Other

Name of Medication _____ Amount/Dose Given _____

Reason for taking it _____

When is Medication Administered: Breakfast Lunch Dinner Bedtime Other

List any other medications your camper may need while at camp:

***All medications should be given to the leaders of your group upon arrival at camp.

Allergies

The camper has NO KNOWN allergies The camper HAS allergies

Allergy _____ Severity _____ Treatment _____

Allergy _____ Severity _____ Treatment _____

Diet

Please indicate the type of diet this camper eats:

Regular Vegetarian Vegan Gluten Free Dairy Free Other

WildWood 2025 Participant Consent Form

WildWood 2025

Blue Lake 8500 Oakwood Lane Andalusia, AL 36420

June 23-27,2005

Participant Information

Name _____ Date of Birth ____/____/____

Age _____ Gender _____

I, _____, (printed name of parent/guardian) being the parent or legal guardian of _____, (printed name of minor) have been informed of the FUMC of Dothan sponsored activity described above and give my consent for my child to participate in this camp.

I understand that all reasonable safety precautions will be taken by the leaders of this camp, and that the possibility of unforeseen hazard does exist. I further agree not to hold FUMC Dothan, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I acknowledge that my child is to be excluded for the following activities:

____/____/____

(Signature of parent or guardian)

Phone numbers _____

Permission to Transport

The First United Methodist Church of Dothan, Alabama, including all employees and representatives, shall be held harmless from any suit, action, damages, or claims at law or otherwise resulting from or arising out of any injury, accident, or illness which may befall:

(Name of child)

(date of birth)

and/or his or her property while a participant in: Camp WildWood/Blue Lake

Children/Tween Programing

The undersigned parent or guardian hereby authorizes FUMC Dothan representatives to transport the above child in church buses and/or personal vehicles for this function.

The undersigned parent or guardian hereby authorizes FUMC Dothan representatives to take such action as may be necessary for the medical care or treatment including the administration of medication, performing of surgery, or such other action as needed in the event of injury or illness of participant when parent or guardian cannot be reached for authorization. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

(Signature of parent or guardian)

____/____/____
(Date)

Phone numbers _____
