



CAMP NEBAGAMON ENROLLMENT FORM



Camper's Name: _____
last first (name by which he would like to be addressed)

Present grade in school: _____ Birthdate: _____
month day year

Parent 1 Name Parent 2 Name Street Address

() ()

Parent 1 work phone Parent 2 work phone City State Zip

() ()

Parent 1 cell phone Parent 2 cell phone Country (if not US)

()

Parent 1 email address Parent 2 email address Home phone

If camper does not live continuously with both parents, please indicate with an **X** here: _____
and **complete reverse side of form.**

PLEASE ENROLL ME IN CAMP NEBAGAMON AS INDICATED BELOW:

Full 8-week term First 4-week term Second 4-week term

CAMPER signature

I have read the attached Camp Nebagamon Enrollment Information and Policies and will comply with the terms as stated, including the cancellation clause. **Enclosed is my \$1000 deposit.**

I understand the nature and breadth of both the wilderness trip and in-camp programs. I hereby give my permission for my son to fully participate in these activities unless otherwise noted.

In the event I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the camp directors to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above.

PARENT or **GUARDIAN** signature

September 15 – May 15
Camp Nebagamon
877 Chardie Road
Boise, ID 83702
(208) 345-5544
FAX (208) 345-5454

May 15 – September 15
Camp Nebagamon
P.O. Box 429
Lake Nebagamon, WI 54849
(715) 374-2275
FAX (715) 374-3310

Please call weekdays between 9 a.m. and 5 p.m. MST

IF CAMPER IS NOT LIVING WITH BOTH PARENTS, PLEASE COMPLETE:

1. Check: • Father deceased • Mother deceased • Parents separated or divorced

2. Camper is living with _____

3. List mailing address for parent **not** living with camper:

This parent is: • Mother • Father

Name _____

Address _____

City _____ State _____ Zip _____ Country (if not US) _____

E-Mail _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

4. If parent that camper is living with has remarried, please indicate:

Stepfather's name _____

Stepmother's name _____

5. Please indicate to whom camp materials and reports should be sent: • Mother • Father • Both

6. Bill for camper's fees should be sent to:

Name _____ Relationship to camper: _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

In those instances where parents are separated or divorced, our contract is with the parent who signs the front of this form. Our preference is to work with both parents. However, we will not share information with the other parent unless given permission to do so.

For CN office use:

Date rec'd _____ Dep rec'd _____ Ck# _____ Ack. _____