

CAMP WEBB WAIVERS AND FEES 2017

Child's Name _____

*Please note: We will **NOT** be able to refund any registrations after May 31*

Early Registration
\$375 (Before Jan 15)

Regular Registration
\$400 (Jan 16–March 1)

Late Registration
\$450 (March 2–April 15)

FEES	
<input type="checkbox"/> I am paying a deposit of (minimum deposit of \$100 due upon registration)	
<input type="checkbox"/> I am paying the registration fee of (early \$375; regular \$400; late \$450)	
<input type="checkbox"/> This child qualifies for the \$20 sibling discount. Name of sibling _____	\$ - 20.00

SCHOLARSHIPS	
I would like to apply for a Camp Webb Scholarship and am asking the Diocese to pay	\$ _____
I will pay	\$ _____
My parish will contribute * (see below for needed signature)	\$ _____
My child qualifies for the Bishop's Scholarship for Children of Clergy	\$ -100.00
TOTAL	

**If your parish is making a contribution, please have your Clergy person or Sr. Warden sign that they have agreed to pay the above amount for the Camper's Scholarship.*

Priest/Minister's Name _____ Congregation _____

Priest/Minister's Signature _____

Parent/Guardian Authorizations

I, _____, give full permission for my child, _____, to attend The Diocese of Milwaukee's summer camp, Camp Webb; and to participate in all activities unless otherwise specified on the Health Form. I have read the camp brochure and understand and agree to cooperate with all regulations regarding health, special qualifications and age.

I ☐ DO ☐ DO NOT give my permission for photographs or video footage of my child to be used by the Diocese of Milwaukee and Camp Webb for promotional purposes such as, but not limited to: brochures, daily website photos of camp, camp DVD, etc. No names will be used.

I ☐ DO ☐ DO NOT give my child permission to watch any movies (rated PG) that might be shown at camp.

Medical Release

☐ I give my permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

Waiver of Liability

☐ I agree to hold the Diocese of Milwaukee, Camp Webb and any associated agencies and persons free of liability and waive my claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her camp experience.

Parent/Guardian Signature_____ **Date** _____

Please return to: Camp Webb, c/o The Diocese of Milwaukee, 804 East Juneau Avenue, Milwaukee, WI 53202