

If you need any help, give us a call - (920) 288-2358

Canoeing the Flambeau River: June 14-27

Backpacking the Pictured Rocks: July 5-18

Both

Camper's Information

First Name

Last Name

Date of Birth

Age

Height

Weight

Shirt Size

Behavior

Has he had any behavioral issues this past year? Yes No

Describe any behavioral issues

Medical Information

Describe any ongoing medical condition

Y N

Does he have any allergies?

Does he have asthma?

Does he have diabetes?

List any current medications and their purpose

Does the camper have any handicap or impairment that would hinder or not allow him to participate in the overall program of Wildheart? This program includes hiking, running, calisthenics, climbing, biking, outdoor, and wilderness activities. Use the box below to explain.

Parent's / Guardian's Information

Parent / Guardian's First Name	Parent / Guardian's Last Name	Relationship to Camper	
Email Address	Cell Phone		
Address, line 1	City	State	Zip Code

Pastoral Reference

Pastor's / Counselor's First Name	Pastor's / Counselor's Last Name	Relationship to Camper	
Email Address	Cell Phone		
Address, line 1	City	State	Zip Code

Reference 1

1. Non-Family Member's First Name	1. Non-Family Member's Last Name	Relationship to Camper	
Email Address	Cell Phone		
Address, line 1	City	State	Zip Code

Reference 2

2. Non-Family Member's First Name	2. Non-Family Member's Last Name	Relationship to Camper	
Email Address		Cell Phone	
Address, line 1	City	State	Zip Code

Reference 3

3. Non-Family Member's First Name	3. Non-Family Member's Last Name	Relationship to Camper	
Email Address		Cell Phone	
Address, line 1	City	State	Zip Code

Please click here to read our Payment, Cancellation, and Refund Policies.

I have read and understand the policies

Yes

No

If you have trouble submitting the completed PDF application via the submit button, save the PDF file to your computer and email a copy to our office at **admissions@wildheartadventurecamp.org**.