

Maine Wilderness Trips Registration Form

Age Eligibility: 14-16

CAMPER INFORMATION

Camper Name: _____ Nickname: _____
First, Last, Middle

Date of Birth: _____ Current Grade: _____

Camper Address: _____

Camper Phone: _____ Camper Email: _____
(required)

Experiences over the past two summers:

School sports or other clubs in the past two years:

Do you take any medications that we need to be aware of for the trip?

PARENT INFORMATION

Parent Name(s): _____

Parent Address: _____

Parent Phone: _____ Parent Email: _____
(required)

Additional Parent Information (Please fill this out if the parents live separately):

Parent Name(s): _____

Parent Address: _____

Parent Phone: _____ Parent Email: _____

Essay Section

Please write a one or two paragraph essay about why you want to go on this trip:

Tell us, in one or two paragraphs, what you will contribute to the MWA group experience:

If you were to become angry, upset or frustrated, how best could the staff and/or fellow campers help you?

Please do not send a deposit at this time. Please return the completed application to Birch Rock Camp, MWA, 30 Bellevue Ave, South Portland, ME 04106. Feel free to direct any questions to Mike Mattson at (207) 741-2930 or birchrock@aol.com.

MWA Expectations Contract

It is understood and agreed that if the enrolled MWA participant is involved in any of the following then enrollment in the program may be immediately terminated. The individual or the camper's family will be responsible for any expenses incurred due to termination.

1. Indulges in the use or possession of alcohol, tobacco or drugs.
2. Is involved in any illegal incidents during the summer.
3. Leaves the camp group without permission from the person in charge.
4. Causes harassment to a camper, staff member or individual outside the group.
5. Uses excessive profanity.

Emergency Information:

In case of serious illness, injury, or any emergency condition whatever, the parents or guardians of the camper will be notified immediately by telephone. When communication should fail, or when in any case of delay will cause serious danger to the camper, the Trip Leader will have the authority to permit hospitalization.

Family Physician:

Name: _____

Address: _____ Phone: _____

I have read, understand and agree to the expectations of both camp's MWA program. Additionally, I realize this is a rigorous outdoor program, which is physically and emotionally demanding and, in signing this, acknowledge I will adhere to the above policies and commit to working through the challenges this program presents. I understand there is no reduction in tuition for early departure from this program.

Participant name (printed): _____ Date: _____

Participant Signature: _____

Parent/Guardian Name (printed): _____ Date: _____

Guardian Signature: _____

The process for acceptance to this program is as follows: applications will be collected and reviewed. Campers and their families will be notified by mail or by phone regarding acceptance to the program. There will be a specified time period of "first refusal" for the accepted applicants at which time a deposit is due. If an accepted camper decides not to participate in the program, the next camper will be notified of acceptance.