



2024 Raptor Adventures Camp Registration Form

Please send completed registration forms and enclosed payment to

Raptor Education Group, Inc.
Attn: Education
P.O. Box 481
Antigo, WI 54409

Camper Information

Camper's Name _____ Age _____ Grade (going into Fall) _____

Camper's Name (2nd) _____ Age _____ Grade (going into Fall) _____

Address/City/Zip code _____

Parent/Guardian Phone _____ Camper's Shirt Size _____

Parent or Guardian Information

Parent/Guardian: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Home Address: _____

Parent/Guardian: _____ Relation to camper: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____

Emergency Contact Information

Emergency Contact: _____ Phone: _____

Authorized person(s) other than parents/guardians allowed to pick up your child

All camper pick-ups will require a signature before releasing your child from camp. If the name is not on this form as an authorized person then we will not release the child without verbal permission from the primary parent/guardian(s) listed on page 1.

First & Last Name and phone number(s) other than parents/guardians from page 1 allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Medical Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, etc.)

Is your child allergic to any type of food or medication? If yes, please explain

Epi-Pen: Yes ___ No ___

Inhaler: Yes ___ No ___

Please list any other information you would like to include about your camper that will help our staff be most successful with your child

Camp Sessions

Session 1- July 15th-19th (Ages 7-9)

Session 2- August 5th-9th (Ages 10-13)

Camp Hours

9:00 AM- 2:30 PM

(session 1 & 2)

Drop-off: 8:30 AM- 9 AM

Pick up: 2:30 PM- 2:45 PM

Days Attending Camp (Please check all that apply)

Session 1: July 15-19 (Ages 7-9)

Monday, July 15th _____

Tuesday, July 16th _____

Wednesday, July 17th _____

Thursday, July 18th _____

Friday, July 19th _____

\$45 per day OR \$200 for 5 days

Session 2: August 5th-9th (Ages 10-13)

Monday, August 5th _____

Tuesday, August 6th _____

Wednesday, August 7th _____

Thursday, August 8th _____

Friday, August 9th _____

\$45 per day OR \$200 for 5 days

Payment

Amount Enclosed: \$ _____

Please indicate your preferred method of payment below

_____ Cash/ Check (Payable to Raptor Education Group, Inc.) Check # _____

_____ Applying for Scholarship (Please see instructions on our website)

_____ Credit Card

_____ Visa

_____ MasterCard

_____ Discover

Name on Card: _____ Zip code: _____

Card Number: _____ Expiration date: _____ CVV: _____

REGI Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the Raptor Adventures Summer Camp for publicity, promotional and/or educational purposes (including publications, presentations, or broadcasts via newspaper, Internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for Raptor Education Group, Inc. to photograph my child for educational purposes and/or at camp events.

___ No, I do not authorize Raptor Education Group, Inc. to photograph my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____