

# WESTERN WYOMING CHRISTIAN YOUTH CAMP

## REGISTRATION FORMS

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
Last First Middle City State Zip  
Address \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Additional Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Has your child been baptized (immersed)? ☐ YES ☐ NO Email: \_\_\_\_\_  
T-shirt size: S M L XL XXL (circle one) Gender: Male Female (circle one) Which week: Senior Junior (circle one)  
For more information visit our website at [wwcyc.org](http://wwcyc.org)

### Medical Information

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Weight \_\_\_\_\_ Child's Height \_\_\_\_\_ Are Immunizations Current? \_\_\_\_\_

Please list any allergies or other special medical concerns your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medicine and supplements your child takes:

Medicine _____	Dosage _____	When taken _____
Medicine _____	Dosage _____	When taken _____
Medicine _____	Dosage _____	When taken _____

My child may be given over the counter medications such as tylenol, advil, ibuprofen or their generic equivalent as needed. Please check ☐ YES ☐ NO

**Please send all medication and instructions to camp.  
All medication must be released to the nurse upon arrival.**

Does your child have any of the following?  
Please check all that apply:

- ☐ History of ear infection
  - ☐ Epilepsy/Seizure Disorder
  - ☐ Diabetes
  - ☐ Ulcer
  - ☐ Hay Fever
  - ☐ History of sore throat
  - ☐ Asthma
  - ☐ Kidney or liver complaints
  - ☐ Tetnus: Date \_\_\_\_\_
  - ☐ Any surgeries in the last 6 months
- If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Group or ID Number \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

My child is to be excluded from the following activities \_\_\_\_\_

**Please mail your completed form to:**  
**Western Wyoming Christian Youth Camp**  
**PO Box 1772, Riverton, WY 82501**

**Please make checks payable to:**  
**Western Wyoming Christian Youth Camp**  
**\$90 before June 3rd, \$100 after June 3rd**

## Code of Conduct

Have a Christ-like attitude. Everyone will attend and be on time to all activities. Dress modestly. No revealing or offensive clothing. No public display of affection, which includes holding hands. No pets, cell phones or any types of electronic device. No fireworks or weapons of any kind, which includes pocket knives. The use of drugs, alcohol, tobacco products and or bad language is strictly forbidden. Keep camp clean. No food in cabins. You may at no time leave the camp area or go into the trees without permission. Boys and girls are not allowed in each others cabins or on each others sides of the campground. Camper and/or camper's parent/guardian will be responsible for any costs incurred by any personal acts of vandalism. All medication must be given to the nurse when you check in. The use of any phone must be approved by a camp staff member. The Dean of this camp and the Camp Manager reserve the right to send any camper home at any time. Parents must travel to camp and pick up their child if the Code of Conduct is not followed.

**Code of Conduct must be understood and signed by both parent and camper**

Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

Camper\_\_\_\_\_Date\_\_\_\_\_

## Release, Waiver and Indemnity Agreement

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child"), and I am informed of the activities offered by the Western Wyoming Christian Youth Camp (hereinafter "WWCYC"), located at the Fremont County Youth Camp in the Wind River Mountains above Lander, Wyoming. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by WWCYC. I understand that if a problem should arise, I will be contacted and expected to pick up my child at my expense.

By signing below, I agree to exempt and relieve WWCYC and its officers, agents, servants, staff, faculty or employees from liability for personal injury, property damage or wrongful death of my child caused by any act of negligence of WWCYC and its officers, agents, servants, staff, faculty or employees. I give permission for my child to participate in all activities of WWCYC, and hereby voluntarily and absolutely release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death as a result of participation in all activities of WWCYC.

I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical or hospital care of treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Signature of Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

Printed Name of Parent/Guardian\_\_\_\_\_

## Media Release

I understand that throughout the course of camp, my child may be photographed or video recorded. I also understand that Western Wyoming Christian Youth Camp uses these photographs and videos for promotional purposes. I hereby give permission to Western Wyoming Christian Youth Camp to use any photographs and videos of my child, for promotional purposes.

Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

Camper\_\_\_\_\_Date\_\_\_\_\_

**If you do not want photographs or videos of your child used for WWCYC promotional purposes please check here ☐**