

YOUTH CAMP REGISTRATION

One child per registration form please. You must also include the Medical Release on reverse side. A deposit of \$50, applied to the total camp fee, must accompany this registration form and is non-refundable.

Which Camp:

- Grades 3rd & 4th, June 14 – 17 Grades 5th & 6th, June 18 - 24
 Grades 7th & 8th, June 25 - July 1 High School Week, July 2 - 8

Grade entering as of Fall 2017: _____ First Time Camper: Yes No

Camper Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Church (if applicable): _____

Parent(s)/Guardian's Name (please print): _____

Parent's Email (for confirmation): _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

Permission for Riflery Course? (Considered YES, if no indication) Yes No

Emergency Contact (other than yourself): _____

Phone: (____) _____ Relationship to camper: _____

Cabin Mate Requests

(At least one of the requests will be granted if the request is mutual):

1.) _____ 2.) _____

Does your child need transportation to Clydehurst, via bus? Yes No

Let us know if your transportation plans change no later than 48 hours before the start of your week of camp, otherwise we may be unable to accommodate you.

Bus Ride to Camp from:

Bozeman Livingston Big Timber Columbus Billings No Bus Ride

Bus Ride FROM Camp from TO:

Bozeman Livingston Big Timber Columbus Billings No Bus Ride

Return form back to FBC. FBC will register with Clydehurst.

FOR OFFICE USE ONLY

Postmark Date _____ Amount Paid _____ Check No. _____ Balance Due _____

Sent Ack. _____ Final Pmt _____ Date _____ Check No. _____

MEDICAL RELEASE

Camper Name: _____ Date of Birth: _____

Family Physician: _____ Phone: (____) _____

Insurance Company Name: _____

Policy Holder's Name: _____

Policy Number: _____

Any restrictions, physical impairments and/or necessary limitations of activities?

Medically Required Dietary Restrictions: _____

Allergies and Reaction to Allergens (excluding seasonal allergies): _____

Past Pertinent Medical History (i.e. diabetes, asthma, heart problems, seizures, etc.)? _____

MEDICATION POLICY: Medications brought to camp MUST be given to the camper's counselor to be handed out by our First Aid Staff. All prescription medications MUST be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the counter medications MUST be in the original container and accompanied by parental instructions. Medication with no identification **WILL NOT** be given.

OVER THE COUNTER MEDICATION AVAILABLE AT CAMP

The following medications are administered as needed by Camp Staff.

CHECK ANY MEDICATION THE CAMPER **SHOULD NOT** RECEIVE:

- | | | | |
|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Immodium | <input type="checkbox"/> Neosporin | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Sudafed | <input type="checkbox"/> Day Quil |
| <input type="checkbox"/> Claritin | <input type="checkbox"/> Tums | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Hydrocortisone Cream | | | |

I authorize the staff on duty at Clydehurst to administer first aid as required for illness or injury. In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Clydehurst to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).

I voluntarily waive any claim against Clydehurst, its camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

I further authorize the camp to use photos or videos taken of my child at camp for Clydehurst promotion and advertising including print media for camp brochures, articles, and camp websites.

At no time will camp photos be used by unrelated organizations.

Signature of Parent/Guardian: _____ Date: _____

Clydehurst Christian Ranch

Attn: Youth Camps

328 South Shiloh Road, Suite #1

Billings, MT 59106