

YOUTH CAMP REGISTRATION FORM

One child per registration. You **MUST** include the Medical Release form on the reverse side. **Youth Camp fees are \$350 (\$175 for 3rd-4th Grade Camp) and must be paid by June 1st.** A deposit of \$50, applied to the total camp fee, must accompany this registration form and is non-refundable after June 1st. Contact us for availability after June 1st. Select a camp with the grade your child will enter in the fall of 2018. **See reverse side for mailing address.**

Select a Camp:

- ☐ Grades 3rd & 4th, June 13 - 16
☐ Grades 7th & 8th, June 24 - 30

- ☐ Grades 5th & 6th, June 17 - 23
☐ High School Week, July 1 - 7

Grade entering as of Fall 2018: _____

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): Name: _____

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?

Please let us know at least 48 hours before the start of your week of camp if your transportation plans change. Otherwise we may be unable to accommodate you.

Bus ride to Camp from:

- ☐ Bozeman ☐ Livingston ☐ Big Timber ☐ Columbus ☐ Billings ☐ No bus ride

Bus ride home from Camp to:

- ☐ Bozeman ☐ Livingston ☐ Big Timber ☐ Columbus ☐ Billings ☐ No bus ride

Youth Camp Fee \$ _____

If your child requires a special diet while at camp please add \$50 + _____

Grand Total \$ _____

FOR OFFICE USE ONLY

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

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

MEDICAL RELEASE FORM

Camper Name: _____ Date of Birth: _____

Family Physician: _____ Phone: (_____) _____

Insurance Company Name: _____

Policy Holders 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.

☐ Immodium

☐ Neosporin

☐ Cough Syrup

☐ Benadryl

☐ Ibuprofen

☐ Throat Lozenges

☐ Sudafed

☐ Day Quil

☐ Claritin

☐ Tums

☐ Pepto Bismol

☐ Tylenol

☐ 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