

Wyoming Bible Camp Application - 2009

Date Rec'd _____
Fees Pd \$ _____ Amt Due \$ _____
Check # _____

Camp Session: Week 1 (July 19-25) Week 2 (July 26-Aug. 1) If you are applying for both weeks, you **MUST** fill out two applications.

ADULTS: Are you interested in serving as "staff" at camp? ___ Yes ___ No (Camp Director will contact you)

IMPORTANT: Children under 9 years **must be accompanied by an adult.**

Name _____ Age _____ Gender _____ Next Grade Entering _____
 Address _____ Parent's name _____
 City/State/ZIP _____ Phone (____) _____ (____) _____
 E-mail _____

*Who will pick this camper up by 10 AM on Saturday morning? _____ Cell Phone - _____

ALL CAMPERS MUST INDICATE SHIRT SIZE -- Camp Fees include a free T-shirt, if postmarked by July 1.

3XL___ 2XL___ XL___ L___ M___ S___ Child (Large)___ Child (Med)___ Child (Small)___ Child (X-Small)___
 (Add \$2) (Add \$1)
Change to a long-sleeve T-shirt - _____ (ADD \$5 per shirt) Change to a Crew Sweatshirt - _____ (ADD \$5 per shirt)
Change to a Hooded Sweatshirt - _____ (ADD \$10 per shirt)
For additional shirt orders call Mike at (307) 332-4563.

FEES: All campers & STAFF ----- **\$55.00 + any additional for shirt changes** Family ----- **\$200.00+**

Your fee will be this amount if the postmark is by July 1. **After July 1, please add \$10 to the individual fee & \$25 to the family fee.**

FEES INCLUDE FOOD, LODGING, CANTEEN & CAMP SHIRT → Please send full payment, if possible.

IN THE CASE OF AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ City _____
 Home Phone () _____ - _____ Cell Phone () _____ - _____ Business Phone () _____ - _____

MEDICAL HISTORY

(Give dates and full details on the back of this form for any "yes" answers or checked boxes)

Insurance _____ Policy # _____

*NOTE: Be sure to include any emergency information and restrictions or special care that should be observed.

- Date of most recent complete physical exam (mo/yr) _____
- Are you aware of any current health problems? Yes ___ No ___
- Are you under medical care or taking any medications? Yes ___ No ___
- Has there been any surgery, injury, illness, allergy or change in health status since last complete physical examination? Yes ___ No ___

IMMUNIZATIONS

Has had:	Vaccination	Disease
Measles	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY MEDICAL INFORMATION -

- Diabetes? Fainting Spells? Bleeding Disorders?
- Allergy to medicine, food, plant, animal or insect toxin?
- Any condition that may require special care, medication or diet?
- Asthma Convulsions Heart Trouble
- Contact Lenses Other

Tetanus _____ Last year given: _____ Diphtheria _____ Other _____

Yes No Has it ever been necessary to restrict camper's activities for medical reasons? (Explain on back)

Yes No Does camper take regular medicine for special care? (Explain on back)

PARENTAL/GUARDIAN/LEGAL AGE CAMPER AGREEMENT

To the best of my knowledge, this information is accurate and complete. I give my permission for full participation in WBC programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates. WBC will not be held liable for bodily injury, death or loss of personal property, except to the extent due to the negligence of WBC. WBC may inspect my child's personal items for safety and/or health reasons. My child may attend off campus, overnight activities supervised by adult WBC personnel. My child agrees to follow all camp rules and will follow camp staff directions to the best of his/her ability.

Parent or Guardian or Legal Age Camper _____ Date _____

Mail application & all fees to: Wyoming Bible Camp Registrar, P.O. Box 447, Lander, WY 82520