



# WYOMING MINISTRY NETWORK

## 2021 KIDS/YOUTH CAMP REGISTRATION FORM



### I WOULD LIKE TO REGISTER FOR:

- YOUTH CAMP 1 / JUNE 20-23, 2021 (students completing grades 5 -12)
- YOUTH CAMP 2 / JUNE 23-26, 2021 (students completing grades 5 -12)
- KIDS CAMP 1 / JUNE 27-30, 2021 (students completing grades 1 - 5)
- KIDS CAMP 2 / JUNE 30 – JULY 3, 2021 (students completing grades 1 - 5)

### ADDITIONAL REGISTRATION OPTIONS (Please check only the options you want to add)

- CAMP T-SHIRT** (Yes, I want to preorder a camp t-shirt for **\$15**)  
Circle YOUTH or ADULT and also what size (S, M, L, XL, 2X)
- CAMP BANK** [Kid's Camp only] (Yes, I want to prepay for my student's camp bank ) **AMOUNT:** \_\_\_\_\_
- BGMC/STL OFFERING** (Yes, I want to prepay for my student's camp offering **AMOUNT:** \_\_\_\_\_)

### CAMPER'S INFORMATION

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

In the case of an emergency, my child may be picked up by:

1. \_\_\_\_\_ 2. \_\_\_\_\_

My child may **NOT** be picked up by:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### CHURCH INFORMATION *(the church you are attending camp with)*

Church: \_\_\_\_\_ Church Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PHOTO RELEASE

To promote, evaluate, or otherwise describe the Wyoming Ministry Network NextGen Department programs and activities, I give permission to the Wyoming Ministry Network NextGen Department, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, \_\_\_\_\_ may appear, to use and cite any comment(s), verbal or written, made by him/her about the program, and to use his/her name in connection with any publication and in such manner as determined by the Wyoming Ministry Network NextGen Department.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT PERMISSION

I, \_\_\_\_\_, do hereby give my permission for my child, \_\_\_\_\_, to attend the Wyoming Ministry Network Summer Camp on \_\_\_\_\_.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION

**In case of medical emergency and parents cannot be reached, please contact:**

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Emergency Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, is there anything the camp health personnel or the doctor should be aware of? \_\_\_\_\_

Any medical history that we need to be aware of? (Asthma, ear infection, migraines, etc...) \_\_\_\_\_

Any allergies that we need to be aware of? (Food, medications, insect bite, etc...) \_\_\_ Yes \_\_\_ No (specify) \_\_\_\_\_

Are there any food restrictions we need to accommodate? (Gluten free, lactose intolerant, vegetarian, etc...) \_\_\_\_\_

Does the camper require medication like shots, drugs, or anything requiring control? \_\_\_ **\*\*\*Yes** \_\_\_ NO

**\*\*\*IF SO, THEY MUST BE TURNED IN TO CAMP NURSE FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY \_\_\_\_\_

My child can take the following medications if needed (please circle) *Ibuprofen, Tylenol, Cold-medication, Allergy-medication, Laxative, Anti-diarrheal*

## MEDICAL & LIABILITY RELEASE

Registrant's Full Name (Please print.) \_\_\_\_\_

I assume full liability of hazard and risk for myself (or my child) during this year's summer camp. I give permission for hospital, medical center staff, or camp nurse to administer any necessary treatment immediately to my child should I he/she be sick or injured during 2021 Summer Camp. I do not hold the Wyoming Ministry Network NextGen Department, nor the churches involved, nor its respective officers and staff responsible for any injury or sickness as a result of my (or my child's) participation in the 2021 Summer Camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_