

2017 Westminster Spires Youth Camp Registration Form

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____
City State Zip

Email Address: _____ Gender: M ___ F ___ Grade in Fall 2017: _____

Name of Home Church: _____ Roommate Request: _____

Camp you will attend:	Elementary Camp July 9-13 _____	Students entering 3rd-5th	Camp Fee	\$210
	Junior High Camp July 16-21 _____	Students entering 6th-8th		\$235
	Senior High Camp July 23-28 _____	Students entering 9th-12th		\$260

Contact Information:

Parent/Guardian Names: _____

Home Phone: _____ Email Address: _____

Name: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Work Phone: _____ Cell Phone: _____

Additional Emergency Contact (in case parents cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Health History Information:

Physician's Name: _____ Phone: _____

Regular Medications: _____ Schedule: _____

Any known food or drug allergies: _____

Any other health-related information: _____

_____ Date of last Tetanus shot: _____

Asthmatic? ___ Allergic to penicillin? ___ Diabetic? ___ Epileptic? ___ Allergic to bee stings? ___ Other? ___

Health Insurance Information:

Insurance Company: _____ Group Number: _____

Policyholder's Name: _____ Policy Number: _____

Address: _____ Phone: _____

In case of emergency, I give my permission for persons in charge to take measures that are in my child's best interest: Signed by parent or guardian _____ Date _____

Return completed Camp Registration Form to:

Curt Kochner
Camp Registrar
538 Park Lane,
Billings, MT 59102

Camp Fees do not need to accompany Registration Form, but need to be paid by July 6, 2017.
Make checks payable to **Yellowstone Presbytery**.

