

2018 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 2018: _____

Name of Home Church: _____ Roommate Request: _____

Camp you will attend:	Elementary Camp July 8-12	_____	Students entering 3rd-5th	Camp Fee	\$210
	Junior High Camp July 15-20	_____	Students entering 6th-8th		\$235
	Senior High Camp July 22-27	_____	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 5, 2018.
Make checks payable to **Yellowstone Presbytery**.

**Westminster Spires Youth Camp 2018
Release of Liability & Photo Release**

Name of Camp Participant: _____

Camp Attending:
Elementary Camp July 8-12 _____
Junior High Camp July 15-20 _____
Senior High Camp July 22-27 _____

Release of Liability:

I affirm that the participant is in good health, and able to participate in activities including, but not limited to, hiking, swimming and outdoor activities that may occur as a part of the Westminster Spires Youth Camp program. I hereby consent to first aid and/or emergency medical care for treatment of injuries that the participant may sustain while taking part in any activity associated with Yellowstone Presbytery. I give permission for the participant named above to be transported by Yellowstone Presbytery staff/volunteers in approved vehicles on and off premises for medical care. I understand that by signing this, I hereby release Yellowstone Presbytery, its employees, and all individuals assisting in the instruction and conduct of camp activities from any and all liability. I have carefully read this Release of Liability and fully understand its content. I hereby give my permission to the medical personnel selected by the Presbytery of Yellowstone to order x-rays, routine tests, and treatment for my youth. As the parent or legal guardian, if I cannot be reached in an emergency, I hereby give permission to the physician selected by the Presbytery of Yellowstone staff to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my youth as named on this form.

Parent/Guardian Signature _____ Date _____

Photo Release:

Photographs, video and/or digital images may be taken of participants taking part in various activities of the Yellowstone Presbytery Youth Camps, and may be used in website photo albums and other promotional materials and/or publications. No names or personal contact information will accompany these images. I give my consent to such images being taken and do not request compensation for their use.

Parent/Guardian Signature _____ Date _____

**Westminster Spires Camp
Camper Covenant**

Church camping is an experience in Christian living. Therefore, I am willing to assume responsibilities that require certain behavior while I am a participant at camp.

I will be responsible for myself by:

Not lying, cheating, stealing or tolerating such behavior.
Staying drug and alcohol free except for specific approved prescription and over the counter medications and I will inform staff when taking any medication.
Attending all scheduled activities unless excused by staff.
Going to bed, staying in bed and being quiet as requested.
Taking no unnecessary risks or chances or encouraging others to do so.

I will be responsible to others by:

Taking into consideration the rights and feelings of others.
Not abusing the camp facilities or grounds or harming other people's possessions.
Not being loud or vulgar.
Being a positive influence during camp.

Consequences for a broken covenant will be determined by the camp director and staff.

I will pay for any damages I cause.
I will pay for my own transportation home if asked to leave.

I am willing to commit to this covenant in order to make camp a safe, positive, growing experience for everyone.

Signed: _____
Camper Signature _____ Date _____