

# 2019 Westminster Spires Youth Camp Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade in Fall 2019: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_ Roommate Request: \_\_\_\_\_

Camp you will attend:	Elementary Camp July 14-18	_____	Students entering 3rd-5th	Camp Fee	\$210
	Junior High Camp July 21-26	_____	Students entering 6th-8th		\$235
	Senior High Camp July 28-Aug. 2	_____	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 14, 2019.  
Make checks payable to **Yellowstone Presbytery**.

