



**We invite you to a summer adventure with us!**

Westminster Spires is a Christian camp and we are excited about helping children and teens grow in their love of life and the good earth and to grow in friendship with others and with God.

Activities at camp include hiking in the Beartooth Mountains, playing indoor and outdoor games, participating in short mission projects, designing and making crafts, rafting or swimming, eating great food, talking and learning about life through daily Bible Study, telling stories and singing around the campfire, and much more. Join us for a time of worship, fellowship and fun!

Westminster Spires is located on Rock Creek at the base of the Beartooth Mountains south of Red Lodge, Montana. This small rustic camp has provided outdoor ministry and spiritual growth for young people and adults of Yellowstone Presbytery for the past eighty five years.



**Westminster Spires Camp Contact Information**

Camp Registration Information [www.yellowstonepcusa.org](http://www.yellowstonepcusa.org)  
 Camp Staff Application [www.yellowstonepcusa.org](http://www.yellowstonepcusa.org)

Camp Scholarships are available from Yellowstone Presbytery. Contact Curt Kochner for information.

Camp Contact: Curt Kochner Phone: 406-259-7368  
 538 Park Lane Cell: 406-672-4547  
 Billings, MT 59102 Email: [ckochner@mcn.net](mailto:ckochner@mcn.net)

**2021 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 2021: \_\_\_\_\_

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

Camp you will attend:	Elementary Camp July 11-15	_____	Students entering 3rd-5th	Camp Fee	\$210
	Junior High Camp July 18-23	_____	Students entering 6th-8th		\$235
	Senior High Camp July 25-30	_____	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: \_\_\_\_\_

**Return 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 the start of camp.

Please make checks payable to **Yellowstone Presbytery.**



**Westminster Spires Youth Camp 2021  
Release of Liability**

Name of Camp Participant: \_\_\_\_\_

**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