

**Camp Wyoming Registration Form**  
**2010 Confirmation Retreat**  
**February 26th 7:00 PM -February 28th 11:00 AM**

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Roommate Request \_\_\_\_\_

Parent/Guardian Name (s) \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

- I Promise to:
1. Abide by the camp rules.
  2. Do my best to support the camp's programs.
  3. Abide by the Mission of the Camp
  4. Allow my picture to be used for camp publicity.

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

I agree to the statements printed above, and I hereby give my child permission to take part in camp activities as described in this brochure.

Parent/Guardian Signature \_\_\_\_\_

**Registration Deadline:**

**The \$80.00 retreat fee; this completed Registration Form; and a completed Health Form are due in the Camp Wyoming office by February 15, 2010. Thank you for your prompt response.**

**Camp Wyoming**  
**9106 42nd Ave.**  
**Wyoming, Iowa 52362**

# Camp Wyoming Health Form

*This side to be completed by parent/guardian.*

Camp Session: \_\_\_\_\_ Camp Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Street

City

State

Zip

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

2nd Parent/Guradian: \_\_\_\_\_ Phone: \_\_\_\_\_

*( if applicable )*

## Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Insurance Information:

Carrier or Plan Name: \_\_\_\_\_

Group: \_\_\_\_\_

Insurance Company Mailing Address: \_\_\_\_\_

*(Address, City, State, Zip)*

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

SS# of Policy Holder or Insurance ID#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications to be taken at camp: \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian

\_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of

camper \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Wyoming Health Form

*This side to be completed by Health Care Provider to verify the camper has had a health examination within the past 24 months.*

Camper Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reactions: \_\_\_\_\_

Please give date of last immunization for:

\_\_\_\_\_ TD (tetanus/diphtheria)

\_\_\_\_\_ Tetanus

\_\_\_\_\_ Polio

\_\_\_\_\_ DTP

\_\_\_\_\_ Rubella

\_\_\_\_\_ Measles or Rubeola

\_\_\_\_\_ Haemophilus influenza B

\_\_\_\_\_ Hepatitis B

\_\_\_\_\_ Vancella Zoster

\_\_\_\_\_ TB Mantoux Test/Results: \_\_\_\_\_

(Must have current TD prior to camp)

Past Medical History-(Include all surgical procedures) \_\_\_\_\_

## Physical Exam:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ Temp: \_\_\_\_\_

	X if Normal	If Abnormal, Please Specify
HEENT	_____	_____
Cardiovascular	_____	_____
Respiratory	_____	_____
GI	_____	_____
GU	_____	_____
Neurological	_____	_____
Skin	_____	_____

Additional Information: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_