

**Camp Wyoming Registration Form
Wintertainment December 28-30, 2010**

Camper Name _____

Address _____

Phone _____ Email _____

Age _____ Sex _____ Grade _____ T-Shirt Size _____

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 \$85.00 retreat fee; this completed Registration Form; and a completed Health Form are due in the Camp Wyoming office by December 21, 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: _____