

# Wyoming Bible Camp Application - 2010

Date Rec'd _____
Fees Pd \$ _____ Amt Due \$ _____
Check # _____

**Camp Session:**  Week 1 (July 25-31)  Week 2 (Aug. 1-7)

If you are applying for both weeks, you **MUST** fill out two applications.

**ADULTS:** Are you interested in serving as "staff" at camp?  Yes  No (Camp Director will contact you)

**IMPORTANT:** Children under 9 years **must be accompanied by an adult.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Next Grade Entering \_\_\_\_\_  
 Address \_\_\_\_\_ Parent's name \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

\*Who will pick this camper up by 10 AM on Saturday morning? \_\_\_\_\_ Cell Phone - \_\_\_\_\_

**ALL CAMPERS MUST INDICATE SHIRT SIZE -- Camp Fees include a free T-shirt, if postmarked by July 1.**

3XL\_\_\_\_ 2XL\_\_\_\_ XL\_\_\_\_ L\_\_\_\_ M\_\_\_\_ S\_\_\_\_ Child (Large)\_\_\_\_ Child (Med)\_\_\_\_ Child (Small)\_\_\_\_ Child (X-Small)\_\_\_\_  
 (Add \$2) (Add \$1)

**Change to a long-sleeve T-shirt - \_\_\_\_\_ (ADD \$5 per shirt) Change to a Crew Sweatshirt - \_\_\_\_\_ (ADD \$5 per shirt)**

**Change to a Hooded Sweatshirt - \_\_\_\_\_ (ADD \$10 per shirt)**

**For additional shirt orders call Mike at (307) 332-4563.**

**FEES:** All campers & STAFF ----- **\$55.00 + any additional for shirt changes** Family ----- **\$200.00+**

Your fee will be this amount if the postmark is by July 1. **After July 1, please add \$10 to the individual fee & \$25 to the family fee.**

**FEES INCLUDE FOOD, LODGING, CANTEEN & CAMP SHIRT → Please send full payment, if possible.**

**IN THE CASE OF AN EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL HISTORY**

(Give dates and full details on the back of this form for any "yes" answers or checked boxes)

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

\*NOTE: Be sure to include any emergency information and restrictions or special care that should be observed.

- Date of most recent complete physical exam (mo/yr) \_\_\_\_\_
- Are you aware of any current health problems? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you under medical care or taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has there been any surgery, injury, illness, allergy or change in health status since last complete physical examination? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMMUNIZATIONS** Has had: Vaccination Disease

Measles	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>

**EMERGENCY MEDICAL INFORMATION -**

<input type="checkbox"/> Diabetes?	<input type="checkbox"/> Fainting Spells?	<input type="checkbox"/> Bleeding Disorders?
<input type="checkbox"/> Allergy to medicine, food, plant, animal or insect toxin?		
<input type="checkbox"/> Any condition that may require special care, medication or diet?		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Other	

Tetanus \_\_\_\_\_ Last year given: Diphtheria \_\_\_\_\_ Other \_\_\_\_\_

Yes  No Has it ever been necessary to restrict camper's activities for medical reasons? (Explain on back)

Yes  No Does camper take regular medicine for special care? (Explain on back)

**PARENTAL/GUARDIAN/LEGAL AGE CAMPER AGREEMENT**

To the best of my knowledge, this information is accurate and complete. I give my permission for full participation in WBC programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates. WBC will not be held liable for bodily injury, death or loss of personal property, except to the extent due to the negligence of WBC. WBC may inspect my child's personal items for safety and/or health reasons. My child may attend off campus, overnight activities supervised by adult WBC personnel. My child agrees to follow all camp rules and will follow camp staff directions to the best of his/her ability.

Parent or Guardian or Legal Age Camper \_\_\_\_\_

Date \_\_\_\_\_

**Mail application & all fees to:** WBC Registrar, Zack Dacus, 1335 S. Kenwood, Casper, WY 82601