

# BACKPACKING REGISTRATION FORM

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Church Affiliation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you/your child been baptized (immersed)?  YES  NO Email: \_\_\_\_\_

T-shirt size: S M L XL XXL (circle one) Gender: Male Female (circle one) Grade: 11 12 COLLEGE (circle one)

For more information visit our website at [wwcyc.org](http://wwcyc.org)

## Medical Information

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Are Immunizations Current? \_\_\_\_\_

Please list any allergies or other special medical concerns you/your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medicine and supplements you/your child takes:

Medicine _____	Dosage _____	When taken _____
Medicine _____	Dosage _____	When taken _____
Medicine _____	Dosage _____	When taken _____

My child may be given over the counter medications such as tylenol, advil, ibuprofen or their generic equivalent as needed. Please check  YES  NO

**Please send all medication and instructions with your child.  
All medication must be released to the staff upon arrival.**

Does you/your child have any of the following? Please check all that apply:

- History of ear infection
- Epilepsy/Seizure Disorder
- Diabetes
- Ulcer
- Hay Fever
- History of sore throat
- Asthma
- Kidney or liver complaints
- Tetnus: Date \_\_\_\_\_
- Any surgeries in the last 6 months

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Insurance Information

Insurance Company \_\_\_\_\_ Group or ID Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

My child is to be excluded from the following activities \_\_\_\_\_

**Please mail your completed form to:  
Western Wyoming Christian Youth Camp  
PO Box 1772, Riverton, WY 82501**

**Please make checks payable to:  
Western Wyoming Christian Youth Camp  
\$110 before July 8th**

# Code of Conduct

Have a Christ-like attitude. Everyone will attend and be on time to all activities. No revealing or offensive clothing. No public display of affection, which includes holding hands. No pets, cell phones or any types of electronic device. No fireworks or weapons of any kind. The use of drugs, alcohol, tobacco products and or bad language is strictly forbidden. Leave no trace rules will be followed while in the backcountry. You may at no time leave the camp area without permission. Boys and girls are not allowed in each others tents. Camper and/or camper's parent/guardian will be responsible for any costs incurred by any personal acts of vandalism or theft. All medication must be known by the nurse when you check in. The use of any phone must be approved by a camp staff member. The Dean of this camp and the Camp Manager reserve the right to send any hiker home at any time. Parents must travel to trailhead and pick up their child if the Code of Conduct is not followed.

**Code of Conduct must be understood and signed by both parent and hiker**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Camper \_\_\_\_\_ Date \_\_\_\_\_

# Release, Waiver and Indemnity Agreement

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child"), and I am informed of the activities offered by the Western Wyoming Christian Youth Camp (hereinafter "WWCYC"). As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by WWCYC. I understand that if a problem should arise, I will be contacted and expected to pick up my child at my expense.

By signing below, I agree to exempt and relieve WWCYC and its officers, agents, servants, staff, faculty or employees from liability for personal injury, property damage or wrongful death of my child caused by any act of negligence of WWCYC and its officers, agents, servants, staff, faculty or employees. I give permission for my child to participate in all activities of WWCYC, and hereby voluntarily and absolutely release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death as a result of participation in all activities of WWCYC.

I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical or hospital care of treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Media Release

I understand that throughout the course of camp, my child may be photographed or video recorded. I also understand that Western Wyoming Christian Youth Camp uses these photographs and videos for promotional purposes. I hereby give permission to Western Wyoming Christian Youth Camp to use any photographs and videos of my child, for promotional purposes.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Camper \_\_\_\_\_ Date \_\_\_\_\_

**If you do not want photographs or videos of your child used for WWCYC promotional purposes please check here**