

Wyoming Bible Camp Application 2017 (For Campers & Staff)

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

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

Camp Session: Week 1 (7/23-7/29) Week 2 (7/30-8/5) (If attending **both** weeks, you **must** fill out two applications)

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

*Who will available to pick this camper up by 9:30 AM on Saturday morning? _____ Cell Phone - _____

***** SHIRTS ARE NOT INCLUDED IN FEES *****

SHIRTS ARE NOT INCLUDED THIS YEAR -- Please Select a T-Shirt size/style to order (see prices below).

3XL___ 2XL___ XL___ L___ M___ S___ Child (large)___ Child (med)___ Child (small)___ Child (x-small)___

***** T-Shirts \$10 each _____ Hooded Sweatshirt \$25 each _____**

Registration deadline is July 1st any applications postmarked after July 1st will not receive a shirt

FEES: All campers & STAFF: \$65.00 + shirts Family Rate: \$5 discount per person for families of 4 or more
CAMP FEES INCLUDE FOOD, LODGING, AND CANTEEN (SHIRTS ARE NOT INCLUDED)

Make Checks payable to WBC

IN THE CASE OF AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ City _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Business Phone (____) _____ - _____

MEDICAL HISTORY

Yes No Does the camper experience allergic reactions to food, medications, or plants ?

If yes, explain: _____

Yes No Does camper take medication on a regular basis OR have emergency medications that need to be available for treating allergic reactions?

If yes, please ensure the following is provided and delivered to the camp nurse upon check-in at camp.

- 1) All current, required medications for the camper in the original prescription bottles in sufficient quantity for the week.
- 2) A copy of the current prescription from the camper's physician

All medications must be stored with the camp nurse and are disseminated to campers according to the prescribing physician's orders.

PARENTAL/GUARDIAN/LEGAL AGE CAMPER AGREEMENT

To the best of my know ledge, 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 by July 1st to:

Wyoming Bible Camp Registrar, 5030 E 17th, Casper WY 82609