

2010 Youth Camp Registration:

This form will be kept in the Ranch office

Name _____ Address _____

City _____ State _____ Zip _____ Birthdate: ____/____/____

Boy Girl Grade Completed in Spring of 2010 _____ Parent E-mail: _____

Father _____ Mother _____ Home Phone () _____

Dad Cell/Work () _____ Mom Cell/Work () _____

Church You Attend _____ Church Address _____

City/State/Zip _____

Parent/Camper Agreement:

I certify that my child has my permission to attend camp and participate in all activities. I realize that my camper's image or testimony may be used in promotion of the camp without expectation of compensation.

I hereby release Victory Ranch, its staff, employees, agents, & helpers from any & all liabilities connected with his/her transportation, participation in activities on the camp grounds, illness or accident. In an emergency, I give permission to the physician selected by the Camp to hospitalize, secure treatment, and order any other treatment(s) necessary under the Medical Practice Act for my child.

I give permission to the health care providers at Victory Ranch to give over-the-counter medication & administer any other treatment to my child as they deem necessary. I have read, understand & agree to the above.

Signature of Parent or Guardian **Date**

I will obey the camp Rules, including "what NOT to bring".

Camper Signature **Date**

T-shirt Size (All campers receive a free t-shirt) **Adult:** S M L XL

Check Week of Registration:			Cabin Mate Choice: (optional)	
_____ Junior Camp 1	7/25-7/31	\$210	1.	_____
_____ Teen Camp	8/1-8/7	\$220	2.	_____
_____ Junior Camp 2	8/9-8/14	\$200	**VR staff will try to place you with at least one friend.**	

Payment Method:

A \$50.00 per person, per week deposit must accompany this form. This deposit is non-refundable. If total due is mailed by **July 1st** a **\$10.00** discount will be subtracted from the balance due.

- | | | |
|--------------------------------------|-------------------------|----------|
| <input type="checkbox"/> Cash | Camp Cost: | \$ _____ |
| <input type="checkbox"/> Check | Early Bird Discount: | \$ _____ |
| <input type="checkbox"/> Money Order | Deposit: | \$ _____ |
| | Balance Due on Arrival: | \$ _____ |

Office Use Only

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2010 Youth Camp Health/Medical Form:

This form will be kept with the First Aid Director

Name _____ Boy Girl Birthdate: ____/____/____

Father _____ Mother _____

Home: () _____ Home: () _____

Cell: () _____ Cell: () _____

Work: () _____ Work: () _____

Other Emergency Contact(s): _____

Relation to Camper: _____ Relation to Camper: _____

Phone: () _____ Phone: () _____

Parent/Camper Agreement:

In an emergency, I give permission to the physician selected by the Camp to hospitalize, secure treatment, and order any other treatment(s) necessary under the Medical Practice Act for my child.

I give permission to the health care providers at Victory Ranch to give over-the-counter medication & administer any other treatment to my child as they deem necessary. I have read, understand & agree to the above.

Signature of Parent or Guardian **Date**

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Health Supervisor Statement:

Screening to identify evidence of illness, injury, or disease has been completed.

Date: ____/____/____ _____

Health Supervisor Signature

Current Medications taken regularly: _____

Special Conditions: _____

Allergies (please list/check): _____

- Asthma Bee Stings Heart Trouble Measles Mumps Sleepwalking Swimming Restrictions

Recent exposure to contagious disease: _____

Immunizations up to date: Yes No Date of last tetanus shot: _____

Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

I authorize the following individual(s) (family member, church, etc.) to pick up my child from camp.

Office Use Only

Signature of person picking up child

Date

Valid ID

Signature of person checking ID

Date