

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 2XL (+\$1) 3XL (+\$2)

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 12th** a **\$10.00** discount will be subtracted from the balance due. **Please make checks payable to Victory Ranch.**

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

****Please call the Ranch office for Credit payment****

Office Use Only

Reg _____ Dep _____ Ttl Pd _____ SM _____

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:

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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**

Office Use Only

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