



**"2011 Fiesta Style"
Park County 4-H Camp June 8-11, 2011**

NAME: _____

BIRTH DATE: _____ **AGE:** _____ **CLUB:** _____

ADDRESS: _____

CITY: _____ **ZIP :** _____

PHONE: _____ **MALE:** _____ **FEMALE:** _____

HAVE YOU BEEN TO CAMP BEFORE? _____

SPECIAL ACCOMMODATIONS NEEDED _____

Member Signature _____

Parent/Guardian Signature _____

Join us for four days of fun and excitement at 4-H FIESTA style summer camp!!! Camp will be held June 8-11, 2011 at the Yellowstone Bible Camp.

_____ Camper Fee \$90.00 Make Checks Payable to "Park County 4-H Camp"

FORMS MUST BE COMPLETELY FILLED OUT WITH MEMBER AND PARENT OR GUARDIAN SIGNATURES.

******Applications and Fees are due Friday, May 20TH, 2011******

Please mail this application with full payment, completed medical release and completed code of conduct (found on the Park County Extension website) to:

Park County Extension Office
414 East Callender Street
Livingston, MT 59047-2746

MEDICAL RELEASE FORM FOR 4-H MEMBERS/ADULTS

Name: _____

Address: _____

Name of Parent or Legal Guardian: _____

Physician _____ Phone _____

Dentist: _____ Phone _____

In Case Of Emergency - - Contact: _____

Phone: _____ Address: _____

Alternate Contact if Emergency: _____

Date of Last Tetanus Shot _____ Polio Shot _____
 Mumps Shot _____ Measles Shot _____
 Rubella Shot _____

Answer the following questions either yes or no. Any yes answers requires an explanation.

1. Respiratory problems: Yes ___ No ___
 Explain _____

2. Heart Disease: Yes ___ No ___
 Explain _____

3. Stomach or intestinal problems: Yes ___ No ___
 Explain: _____

4. Diabetes or hypoglycemia (low blood sugar): Yes ___ No ___

Explain _____

5. Nervous disorder (convulsions, epilepsy, dizziness, ect.) Yes _____ No _____

Explain _____

6. Any Allergies: Yes _____ No _____

Explain _____

7. Are you currently under a doctor's care? Yes _____ No _____

Explain _____

8. Are you currently taking medications? Yes _____ No _____

Explain _____

9. Any physical restrictions or other medical problems that may require special considerations?

Yes _____ No _____ Explain _____

10. Any special diet or food restrictions? Yes _____ No _____

Explain _____

I, _____ do hereby give permission to _____
Parent or Guardian **Chaperon**

to seek and obtain any medical care necessary for my child, _____
during my absence.

SIGNATURE OF PARENT OR GUARDIAN _____

Name of Insurance Carrier _____

Insurance Policy # _____ Date _____

CODE OF CONDUCT FOR 4-H MEMBERS

1. I will conduct myself at all times in order to be a credit to the club, school and community.
2. I will dress neatly and appropriately for the occasion.
3. I will show respect for the rights of others to be courteous at all times.
4. I will be honest and not take unfair advantage of others.
5. I will respect the property of others.
6. I will refrain from loud boisterous talk, swearing and horseplay.
7. I will demonstrate sportsmanship in the contests and meeting, modesty in winning and generosity in defeat.
8. I will attend sessions promptly and respect the opinion of others in discussion.
9. I will not purchase or have in my possession any kind of alcoholic beverage or drugs.
10. I will care for the motel/hotel property and respect the rights of other guests of the motel/hotel.
11. I will be in my room and stay there after curfew time and I will be dressed and out of my room each day by the set time given by the chaperon(s).
12. I will be prepared to report to my club and other clubs knowledge gained by attending these activities.
13. I will accept the authority of the chaperon(s) and advisors in charge of the trip or event.

I have read the above Code of Conduct and understand that my infraction of any of the above rules will be cause for my participation in the trip or event to be terminated and for me to be sent home at my own expense.

Signature of 4-H Member

Date

Parent or Guardian's Signature

Date

ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTED

YEAR APPLYING FOR: **20** ___ ___ Dates of Chosen Camp Week: _____ to _____

Camp Session: ___ Elementary Camp (Grades 4-6) Camper-children arrive **Sunday at 1-2pm**
Parents **PICK-UP** Elementary Camper-children the following Sat. at 10-11am
___ Junior Camp (Grades 7-9) All arrive **Saturday 12-2pm** REG BEGINS 12 NOON
___ Teen Camp (Grades 10-age 19) All arrive **Saturday 12-2pm** REG BEGINS 12 NOON
Note: "Grade" means the grade **to be entered next**. No lunches are provided on **Saturdays**.

FOR ANY YOUTH CAMP, AN APPLICATION MUST BE SUBMITTED FOR EACH INDIVIDUAL CAMPER

Camper's Personal Information: PLEASE TYPE OR PRINT CLEARLY

Camper's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: M F Grade (see note above): _____

Street Address: _____
(mailing address)

City: _____ State: _____ Zip: _____ Night Phone (____) _____

Date Baptized: _____ Day Phone (____) _____

Parent's E-mail: _____ Religious Preference: _____
(E-mail is used by camp staff to simplify necessary communication; please provide your e-mail if you wish.)

Parents' Last Name: _____ Parents' First Name(s): _____

Will this be the first time the camper attends Yellowstone Bible Camp? _____

Please put name on clothing, Bible, etc. before arriving at camp.

IN CASE OF EMERGENCY PLEASE CONTACT: PLEASE TYPE OR PRINT CLEARLY

Name: _____ Relationship: _____

Address: _____ Home Phone: (____) _____

City and State: _____ Work Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Health/Accident Insurance Co: _____ Policy# _____

CAMPER'S HEALTH/MEDICAL FORM

For the safety and well-being of the youth, an applicant will not be permitted to attend until this form is fully completed and signed by the camper's parent/guardian.
To register on arrival without a parent, you must bring this form, fully completed and signed by parent/guardian. THIS INCLUDES TEENS ALSO.
Any medication sent to the camp must be in its original container. Please print instructions on a 3x5" card and place with the medication in a zip-lock bag. Upon arrival at camp, all medications will be collected by the staff medic, who will dispense it to the camper as per the instructions.

Please name ALL medications brought to YBC to be taken while at camp: _____

Please name ALL medications taken in the thirty days prior to arrival at YBC: _____

HEALTH HISTORY: PLEASE TYPE OR PRINT CLEARLY

Date of birth: _____ Date of most-recent examination: _____

Immunization History (Please give dates for all that apply.):

DPT Series _____ Booster _____ Chicken Pox _____ Hepatitis A _____
Hepatitis B _____ Measles _____ Meningitis _____ Mumps _____
Polio _____ Rubella _____ Tetanus _____ Tuberculin test result _____

Please ensure that BOTH sides/pages of the application are completed. Thank you.
Yellowstone Bible Camp does not discriminate as to color, creed, or nationality in accepting applications.

CAMPER'S LAST NAME (PLEASE PRINT CLEARLY): _____

Brought by: _____ Relation: _____ Date/Time: _____ Signature: _____

Released to: _____ Relation: _____ Date/Time: _____ Signature: _____

Med. Turned in: Y N Staff sign in: _____

Med. returned: Y N Staff sign out: _____

STAFF ONLY

Camper's Name: PLEASE TYPE OR PRINT CLEARLY

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_____ Last First Sex Age

Health Concerns (Please check all that apply.):

ADHD (Attention Deficit Hyperactivity Disorder) _____ High Blood Pressure _____
Asthma _____ Ear Infections _____ Migraines _____ Other _____
Convulsions/Seizures _____ Diabetes _____ Hemophilia _____
Sleep-walking _____ Heart (murmur or other) _____ Kidney Disease _____

Please explain any checked item. _____

Allergies (Please check all that apply.):

Bee stings _____ Foods _____ Hay Fever _____ Medications _____ Other _____

Please explain any checked item. _____

Chronic illness or serious illness in last six months: _____

List of any special equipment needed (e.g. wheelchair, brace, glasses): _____

Recent operations or serious injuries: _____

Restrictions/limitations while at camp: _____

Immediately upon arrival please notify manager if youth has recently been exposed to a communicable disease.

SUBMITTING YOUR APPLICATION

With application we appreciate payment in full, **\$20 of which is non-refundable.** Only paid in full applications will guarantee your reservation.

Elementary Camp \$130 each [includes \$5 prepaid for canteen treats] (**\$115 if paid in full 30 days before camp**)
Junior Camp \$130 each [includes \$5 prepaid for canteen treats] (**\$115 if paid in full 30 days before camp**)
Teen Camp \$125 each (**\$110 if paid in full 30 days before camp**)

____ I have enclosed payment in full. _____ I plan to pay in full upon arrival at the camp.
____ I have enclosed a partial payment in the amount of \$ _____; I will pay the balance upon arrival at the camp.

Please make checks payable to:
YELLOWSTONE BIBLE CAMP

Please mail your application to:
Gina Walters, Registrar / 909 South Nevada / Belgrade, MT 59714

If within thirty days you have not received confirmation of our receipt of your payment please contact Gina Walters at (406) 209-3647 before 9pm or email g_m_walters@hotmail.com. **No collect calls please. Thank You.**

NOTE: If your application(s) and fee payment(s) will be *received* by the Registrar fewer than seven (7) days before the Chosen Camp Week starts, **PLEASE DO NOT MAIL THEM;** they need to be submitted upon arrival at camp. Thank you.

PARENTAL STATEMENT

To the best of my knowledge this information is accurate and complete. I give my permission for my child to participate fully in YBC activities, subject to limits described herein. In the event of accident or illness in the course of such activity I request that measures be taken without delay as judgment of medical personnel dictates. YBC will not be held responsible for bodily injury, death, or loss of personal property, except to the extent due to the negligence of YBC. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of attendance at YBC. In the case of evacuation due to natural disaster, I agree to immediately pick up (or make arrangements for the pick up of) my child/children at the Livingston church of Christ or other stated location upon receiving notification to do so.

My child and I have read the Standards of Conduct, located in the Newsletter or YBC website, and he/she will comply with those standards.

Signatures: _____ **Date:** _____

Parent/Guardian _____

Camper _____

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