

Nevada-Utah Conference



WOLF MOUNTAIN CHRISTIAN CAMPS
16555 Jericho Rd., Grass Valley, CA 95949



DATES:

July 5–12, 2009

(Entering Grade 4–8)

COST: \$184.00 (by June 1, 2009)

\$209.00 (after June 1, 2009)

- ARCHERY
- CANOEING
- RECREATION
- CLIMBING WALL
- ZIP LINE
- SPIRITUAL TRAINING
- CRAFTS



CAMP DIRECTOR
David Solomon Hall, Sr.

ADDRESS:

Nevada-Utah Conference

Camp Application

1095 E. Taylor Street

Reno, NV 89502

Phone: 775/322-6929

Fax: 775/954-0005



Registration Form

Fill out and mail with your check , money order or credit card info. to:
Nevada-Utah Conference—Camp Application
PO Box 10730 Reno, NV 89510

Applicant Information:

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone # ____ / ____ - ____ Age ____ Birthdate ____ / ____ / ____ Female ____ Male ____

Grade ____ School Attending _____ Home Church _____

Health History: _____

Current Medications _____

Activity/Medical Restrictions (if any) _____

Allergies _____

Immunizations (please note month/year)

Tetanus _____ TB _____ Polio _____ MMR _____

Parent/Guardian Information:

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone# ____ / ____ - ____ Work# ____ / ____ - ____ Cell# ____ / ____ - ____

Physician/Health Care Provider _____ Phone# ____ / ____ - ____

Other Emergency Contact:

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone# ____ / ____ - ____ Work# ____ / ____ - ____ Cell# ____ / ____ - ____

Credit Card Info:

Name as it appears on card _____

Card # _____ Exp. Date _____ Billing Zip Code _____

Signature authorizing use of card for registration fee payment _____

WHAT 2 BRING 2 CAMP

- Bible
- Pillow
- Towels
- Modest one-piece swimsuit/ long dark T-shirt
- Sleeping bag
- Warm Jacket
- Medicine
- Soap/Comb/Brush
- Toothbrush/Paste
- Every day clothes
- Nicer clothes 4 Sabbath
- Sunscreen

ACTIVITY CLASSES 4 CAMP

- ARCHERY
- CANOEING
- RECREATION
- CLIMBING WALL
- ZIP LINE
- SPIRITUAL TRAINING
- CRAFTS
- PAINTBALL

Activity Disclosure and Release for Participation in Nevada-Utah Camp Program

The Nevada-Utah Conference has done everything reasonable to assure that our camp program has been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity inherent risks exist and may result in serious injury or death. Please note that you can choose to not have your camper participate in any of the specific programs, please exclude them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call 775-322-6929.

Parent/Guardian signature _____ Date _____

Emergency Treatment Authorization

In case of emergency , I hereby give permission to the physician(s) selected by the camp directors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her attending camp, and accept the conditions named. The health history and application information are correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand EMERGENCY TREATMENT AUTHORIZATION statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Parent/Guardian signature _____ Date _____