



Clydehurst Christian Ranch
3319 Boulder Road
McLeod, MT 59052
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*Check-in between 3 and 5 pm on September 14 (Thursday) and runs until September 17 (Sunday).

*Cost is \$335 \$2 for ages 5 and older check or CC

*Optional extra day until September 18 (Monday) is available for additional cost .

Are you registering yourself or someone else (please circle)? Self Someone Else

CAMPER INFORMATION

First Name: _____

Last Name: _____

Camper DOB (mm/dd/yyyy): _____

*If camper's DOB is after 9/14/2001, please contact Clydehurst directly at (406) 294-0394 to complete the registration process.

Do you need to borrow a fly rod (please circle)? YES NO

How did you hear about this event (please circle all that apply)?

- Clydehurst Website
 Clydehurst Facebook
 Brochure/Mailing
 Church Bulletin/Announcements/etc.
 Friend/Relative
 Clydehurst Staff/Alumni
 Other Clydehurst event
 I have previously attended Men's Fly Fishing Camp
 Other _____

Do you plan to stay the extra night for an additional \$35 charge? YES NO

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____

Postal Code/Zip: _____ Country (if outside US): _____

Camper Cell Phone (or Parent/Guardian Cell): _____

Home Church (if applicable): _____

Request for Cabin Mates (2): #1. _____/#2. _____

EMERGENCY CONTACT INFORMATION *All applicants must complete this.

First/Last Name: _____
* If you are a parent or guardian registering your child, please list another adult as the contact here.

Emergency Contact Phone: _____

Emergency Secondary Phone: _____

Emergency Contact's Relationship to Camper: _____

MEDICAL RELEASE FORM *ALL APPLICANTS MUST COMPLETE REGARDLESS OF AGE

Special Diet required for camper (e.g. gluten free, lactose free, etc.). We will add \$25 to your registration fee (please circle): **YES**

Medically required dietary restrictions: _____

Family Physician: _____

Physician Phone Number: _____

Name of Insurance Company: _____

Insurance Policy Number: _____

Policy Holder Name: _____

Any restriction, physical impairments and/or necessary limitations of activities (please circle)?: **YES** **NO**

If yes to above, please elaborate here: _____

Allergies and Reaction to Allergens (excluding seasonal): _____

Past pertinent medical history (i.e. diabetes, asthma, heart problems, seizures, etc.): _____

Comments (if paying by credit card, please put that information here): _____

For Office Use Only -- Date Received _____
Balance Due _____ Sent Ack _____

Amount Paid _____
Final Pmt _____

Check No. _____
Date/Check No. _____

MEDICATION POLICY *ONLY NECESSARY IF CAMPER IS A MINOR

PLEASE READ: Medication brought to camp **MUST** be given to the camper's counselor to be handed out to our First Aid Staff. All prescription medications **MUST** be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. Medication with no identification **WILL NOT** be given.

OVER THE COUNTER MEDICATION AVAILABLE AT CAMP: Immodium, bupropfen, Claritin, Hydrocortisone Cream, Neosporin, Throat Lozenges, Tums, Tylenol, Cough Syrup, Sudafed, Pepto Bismol, Benadryl, DayQuil.

Please circle one of the following:

Clydehurst Christian Ranch
(and it's representatives) may
administer **ALL** the above
medications to my camper as
needed.

OR

Clydehurst Christian Ranch (and
it's representatives) are allowed to
administer to my camper **ALL** the
above medications **EXCEPT** those
that I have circled above.

WAIVERS *THESE WAIVERS MUST BE COMPLETED AT TIME OF REGISTRATION BY THE PARENT/GUARDIAN OF A MINOR CAMPER; ADULT REGISTRANTS WILL COMPLETE AT A LATER TIME

MEDICAL WAIVER (Please read: I authorize the staff on duty at Clydehurst to administer first aid to my child (named above as required for illness or injury. In case of emergency, I understand that every effort will be made to contact the parent/guardian and/or emergency contact. However, if neither can be reached, I hereby give permission to the physician or dentist selected by Clydehurst to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).

PERSONAL INJURY/LOSS WAIVER (Please read: I voluntarily waive any claim against Clydehurst, its camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

MEDIA WAIVER (Please read: I further authorize the camp to use photos or videos taken of my child at camp for Clydehurst promotion and advertising including print media for camp brochures, articles, and camp websites. **AT NO TIME WILL CAMP PHOTOS BE USED BY UNRELATED ORGANIZATIONS.**

I CERTIFY, BY MY SIGNATURE, THAT I HAVE READ (OR HAD READ TO ME AND UNDERSTOOD THE ABOVE WAIVERS.

SIGNATURE (Parent/Guardian): _____

Printed Name: _____ DATE: _____