



**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: \_\_\_\_\_