

WYOMING LUTHERAN YOUTH CAMP

Pastor's Signature Form

This form is ***required*** for all campers and volunteers who are not themselves a pastor. Absence of this form will make the applicant ineligible to attend (see the ***2025 Registration Form***). The pastor's signature on this page indicates that the named camper or volunteer:

1. Is a member in good standing of the named congregation *or* otherwise approved by the
pastor(s) of the named congregation
&
2. Will contribute to camp in a positive Christian way.

This step is vitally important for maintaining a positive environment in which the children of our district can interact, learn, worship, confess, and get to know fellow Lutherans.

Full Name of Camper/Volunteer: _____

Name and City of Congregation: _____

Name of Pastor: _____

Signature of Pastor: _____

WYOMING LUTHERAN YOUTH CAMP

Release, Indemnification, and Hold Harmless Agreement

I consent to my child's participation in Wyoming Lutheran Youth Camp ("Lander Camp"), and I execute this Release, Indemnification, and Hold Harmless Agreement ("Agreement") on my child's behalf. I certify that I am at least 18 years of age and the custodial parent and/or legal guardian of my child and have full legal authority to execute this Agreement on behalf of my child, myself, my heirs, representatives, successors, executors, administrators, and assigns.

I agree, on behalf of my child, myself, my heirs, representatives, successors, executors, administrators, and assigns to FOREVER RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS the Wyoming District of the Lutheran Church – Missouri Synod (hereafter referred to as "the Wyoming District") and its agents, servants, employees, volunteers, patrons, officers, and directors, from any and all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses, including but not limited to attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted, or alleged to have resulted, from (i) my child's participation in the event, or (ii) the presence, activities, acts or omissions (whether negligent, intentional, or otherwise) of the event. This includes, but is not limited to, all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the event, however the injury or damage is caused, including but not limited to, the NEGLIGENCE of the event.

I fully understand and acknowledge that certain elements of the event may be physically hazardous and that by my child's participation in the event, he/she faces the risk of accidental and/or other injury. There risks include, but are not limited to, (i) loss or damage to personal property, (ii) injury or fatality due to and/or related to walking, running, jumping, swimming, handling athletic equipment, and/or other physical activity, (iii) head, neck, arm, leg and/or back injuries, (iv) exposure to inclement weather, outdoor terrain and all the risks inherent therein, (v) slips and falls, and (vi) any other aspects related to the event. I have fully investigated the nature of the event and assume the risks of my child's participation in the event. I agree that my child's participation in Wyoming Lutheran Youth Camp ("Lander Camp") is entirely voluntary and that my child is under no obligation to take part in the event. I am fully aware that my child may suffer these or other injuries arising out of participation in Wyoming Lutheran Youth Camp ("Lander Camp"). However, I allow my child voluntarily to assume these risks and participate in the event.

I also consent to the Wyoming District's use of photographs and/or video images of my child for official promotional purposes, including print, internet, social media, video, and other media. While my child's image may be captured, I understand that my child's name will not be shared. All materials shall be the property of the Wyoming District. In addition, I release all claims against the Wyoming District and its affiliated organizations with respect to copyright ownership, publication, damages or liability, and any compensation related to the use of these materials.

This Agreement is to be governed by and construed under the laws of the State of Wyoming. In the event that any term or provision of this Agreement is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect. I agree that exclusive venue for any dispute arising between the Wyoming District and me involving this Agreement shall be in Natrona County, Wyoming.

Camper/Volunteer's Printed Name _____

Parent/Guardian/Volunteer's Signature _____ Date _____

WYOMING LUTHERAN YOUTH CAMP

Medical Form

This form must be completed and submitted to finalize admission of the camper into Camp. Failure to properly complete and submit this form will result in the non-acceptance of the child/youth into the camp program. The Wyoming District of the Lutheran Church – Missouri Synod shall not be held primarily responsible for medical expenses incurred by the camper through accident or illness before, during, or after enrollment in Camp. Therefore, it is extremely important that complete insurance information be provided.

Camper Information:

Camper Name: _____

Camper Home Address: _____

Camper Home Phone: (____)_____ Camper County of Residence: _____

Camper Birthdate: _____ Sex: _____ Age: _____

Emergency Contact Information:

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Home Address: _____

Home Phone: (____)_____ Cell Phone: (____)_____ Work Phone: (____)_____

Second Parent/Guardian or other Emergency Contact:

Name: _____ Relationship to Camper: _____

Home Address: _____

Home Phone: (____)_____ Cell Phone: (____)_____ Work Phone: (____)_____

Medical Insurance Information:

Attach a copy of medical insurance card to this form.

Insurance Company: _____ Insurance Company Phone: (____)_____

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Social Security Number: _____ Birthdate: _____

Immunization Record:

Has your child received vaccinations required by the state of Wyoming for school including: diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, polio, and varicella (grades 7-12)? Yes No

Date of last tetanus booster: _____

Medications:

Medication Name	Instructions

Please bring medications taken routinely with current instructions. You will give these medications to the Registration Table during check-in on the first day of Camp. Bring enough to last the entire time at Camp. You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency or it will not be accepted. All medications must be brought to the Registration Table.

Please staple a copy of your medical insurance card here

Camper Name: _____

Health History:

Name of Primary Physician: _____ Phone Number: (____) _____

Name of Dentist: _____ Phone Number: (____) _____

Is the camper allergic to:	Is the camper subject to:	Has camper had or currently have:
Bee Stings/Insects Bites..... Yes No	Frequent Colds..... Yes No	Bronchitis..... Yes No
Poison Ivy / Oak..... Yes No	Frequent Sore Throats..... Yes No	Chicken Pox..... Yes No
Penicillin..... Yes No	Ear Trouble..... Yes No	Rheumatic Fever..... Yes No
Any Other Medications..... Yes No	Hay Fever / Seasonal	Tuberculosis..... Yes No
Food (gluten, nuts, etc.)..... Yes No	Allergies Yes No	Eating Disorder..... Yes No
Dairy..... Yes No	Sinus Trouble..... Yes No	Hernia Yes No
Other..... Yes No	Frequent Bloody Noses... Yes No	Athletes Foot Yes No
Does camper have:	Constipation..... Yes No	
Asthma:..... Yes No	Upset Stomach..... Yes No	
Allergy Induced..... Yes No	Kidney Trouble..... Yes No	
Exercise Induced..... Yes No	Bed Wetting..... Yes No	
(Must carry rescue inhaler)... Yes No	Heart Trouble..... Yes No	
Diabetes..... Yes No	Fainting..... Yes No	
ADD / ADHD..... Yes No	Convulsions..... Yes No	
	Dizziness..... Yes No	
	Sleep Walking Yes No	
	Other Yes No	

If you answered yes to any of the above questions, please explain in the space below (an additional sheet may be attached if needed):

Has the camper had any operations or serious injuries? Yes No

If yes, please explain:

Are there any restrictions of activity for medical reasons? Yes No

If yes, please explain:

Are there any additional details or information on the camper's health that either the camp staff or an attending doctor should know?

Authorization for Medical/Dental Care (for campers under 18 years of age):

I, the undersigned parent and/or natural guardian of _____, a minor, do hereby authorize Wyoming Lutheran Youth Camp (and/or any other qualified adult appointed or designated by them) (1) to provide routine health care and administer prescription medications, (2) to consent to medical, surgical and dental care for such minor child; (3) to consent to any diagnostic test, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child; (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such minor child; (5) to admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care; and (6) to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This health history is correct and accurately reflects the health status of the camper to which it pertains. The camper described has permission to participate in all camp activities except as noted by me on this form. I understand that the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.

Finally, I understand that the Wyoming District of the Lutheran Church – Missouri Synod only carries supplemental accident/sickness insurance to cover medical expenses not covered by the above-named minor's health insurance plan.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Camper: _____