



Young Womens Encampment August 15 - 20th @ Fire Mountain

NAME:		STAKE:	
YW Cell # for texting:		WARD:	
YW's EMAIL ADDRESS:		PARENTS Cell # for emergency:	
DOB:	AGE:	CURRENT GRADE:	PARENT'S EMAIL ADDRESS:
NAME OF PARENT/ LEGAL GUARDIAN:			
HOME Address:			
HOME Phone:			
In case of Emergency contact:			
Phone:		Relationship:	
Name of Personal Physician:			
Phone:			
Insurance Provider:		Policy Number:	
Immunizations Up-to-date? YES NO			
ALLERGY INFO:			
ANY SPECIAL MEDICAL CONDITIONS:			
PLEASE LIST ALL MEDICATIONS TO BE TAKEN AT CAMP:			
<p>I give my permission for full participation in the 2016 YW Encampment subject to limitations noted herein. In case of an emergency, I understand every effort will be made to contact me (or, if participant is an adult, a spouse will be contacted). In the event I cannot be reached, I hereby give my permission to a licensed health-care practitioner to secure proper medical treatment, including, but not limited to, hospitalization, anesthesia, surgery, or injections of medication. I, further authorize my child's leader to sign any medical card or form associated with treatment and/or medication. Furthermore, I give my consent for my child to be photographed/video taped during camp and images may be released for publication.</p>			
PARENT/LEGAL GUARDIAN SIGNATURE:			
Date:			
<p style="text-align: center;"><u>2016 YOUNG WOMEN'S ENCAMPMENT HONOR CODE</u></p> <p>I promise to follow the guidelines found within the "For the Strength of Youth" pamphlet as they pertain to modesty, appropriate language, and living the gospel standards. I will not wear anything that is too tight (yoga pants and leggings), too sheer, too short or too low. Shorts must be knee length and tops must have sleeves. <i>I promise not to bring any electronic devices including cell phones & ipods to Camp.</i> I also promise to be kind and respectful and fully participate in Encampment 2016, and by following the camp rules at Fire Mountain.</p>			
YW SIGNATURE:			
Date:			
Bishop's Signature (required for non-LDS or YW from outside of Stake):			

Parental or Guardian Permission and Medical Release

Activity	Date
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Ward	Stake
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Participant	Date of birth	Home telephone number
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Participant's parent or guardian	Business telephone number
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Address	City	State/Province
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Medical Information

Does the participant have any of the following:

- Special diet Allergies Medication Chronic/Recurring illness Surgery or a serious illness in the past year Physical conditions that limit activity

If yes, explain below. Use back if more space is needed.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant

for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

Parent or guardian's signature	Date
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