Information:

Who: WAF KidzKamp is for kids entering 3rd-6th grade. Older kids must apply for the MiddleSchool Service Team - See info below.

What: This is a very fun Christian camp that includes horse back riding, water activities, games, crafts, great food, a world-view stretching activity, and scripture-focused chapel and worship times.

When: The dates for this year's camp are July 7-11, 2025. Please arrive no earlier than 3:00pm on Monday. Dinner will be provided. Camp ends at 1:00pm on Friday. Campers must be picked up by that time. Transportation to and from camp may be provided from Cody, Greybull, and possible other locations.

Where: Camp is held at the Cowboys with a Mission base (369 Hwy 290) in Meeteetse, WY.

Cost: The cost for campers is $170.00. The cost for MiddleSchoolers approved for the Service Team is $110. There is a $10 late fee for registrations postmarked after Wednesday, June 18th. Please make all checks payable to "WAF." **If the fee is a concern, FULL & PARTIAL SCHOLARSHIPS ARE AVAILABLE.** We *NEVER* want money concerns to keep kids from camp!

Send to: To register, please fill out the form on the inside of this brochure completely and send it to:

WAF KidzKamp
1002 Park Ave.
Cody, WY 82414

Make sure your completed registration form includes a legible e.mail address so we can send you additional important information that you will need to prepare your camper for KidzKamp!

M.S.T. The MiddleSchool Service Team is a limited program for kids entering 7th-9th grade. Kids who apply and are accepted will be helping the camp run smoothly. If you are interested, please request an application.

Please contact Brian Andrews with any questions:
Phone: (307) 272-3095 E.mail: JubileeInnerTown@gmail.com

Kidz kamp

WYOMING ALLIANCE FELLOWSHIP

Dates:

July 7-11, 2025

Cowboys With A Mission Base

(Meeteetse, WY)

For kids entering 3rd-6th grade

(MiddleSchool Service Team Available)

Registration & Medical Form:

Name: _____ Age: ____ Sex: M F Entering Grade: ____

Birth Date: ___/___/___ E.mail (legible please): _____ _____

Home Phone: (_____) _____-_____ Cell: (_____) _____-_____

Address: _____ City: _____ St: ____ Zip: _____

Parent's Name: _____

Address of Parent/Guardian if not same as above: _____

_____

T-Shirt (Circle): Youth-S Youth-M Adult-S Adult-M Adult-L Adult-XL 1st year at camp? **Y N**

Please initial if your child has permission to:
____ Ride Horses ____ Tube behind a boat ____ Swim in the Lake

If Parent/Guardian above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____

Phone: (_____) _____-_____

Physician Name: _____ Phone: (_____) _____-_____

Personal Health/Accident Ins. Co: _____

Policy #: _____

MEDICAL HISTORY: (Use another sheet of paper to answer questions if necessary)

1) Has your child had a physical examination within the last 18 months? **Y N**

2) When has your child last had a tetanus shot? _____

3) Is your child currently being treated by a physician? **Y N** Please explain ...

4) Is there a history of any life-treatening event? **Y N** Please explain ...

5) Is your child on a restricted diet? **Y N** Please explain ...

6) Has your child lost consciousness during physical activity or suffered a concussion due to a head injury within the last year? **Y N** If yes, please explain in the space below ...

7) Have they had any history of light headedness, dizziness, or fainting? **Y N**
If yes, please explain ...

8) Do they have any history of joint problems - sprains, strains, fractures? **Y N**
If yes, please explain ...

9) Do you know of any reason (illness, handicap, or accident) that would restrict your child's full or partial ability to be involved in long hikes or other strenuous activity? **Y N**
Please explain ...

10) Does your child suffer from any of the following? (Circle all that apply) Allergies, Asthma, Cancer, Cystic Fibrosis, Diabetes, Heart Disease, Hemophelia, High Blood Pressure, Hypoglycemia, Infectious Mononucleosis, Leukemia, Mental Illness, Rheumatic Fever,
Other: _____ If you circled anything above, please explain ...

11) Will your child be taking any medication during camp? **Y N**
Type of Medication: _____
Dosage: _____ Frequency: _____
Side Effects: _____

12) Will your child require any special medical or care-taking attention that has not been addressed in this form? **Y N** Please explain ...

NOTE: We recommend that your child have a physical if he/she has not had one within the last 18 months.

NOTE: Photos/videos of participants may be taken during this event for use in promotional and/or informational media. Such promotion helps the camp reach new kids, volunteers, and donors and assures the camp's survival in a media age. By submitting this registration form, you authorize and give full consent for use of these photos/videos on a website and/or in other promotional materials. Please note that no names or personal information will ever be given. Please check the line below if such use of photos would present a danger to your child and you do not wish for your child to be included in the photos/videos.
___ I do not want distinguishable photos/videos of myself/my child to be used.

In Case of Emergency:

- *I, the parent or guardian of the above-named minor, understand that every effort will be made to contact me in case of an emergency. In the event that I cannot be reached, I authorize the Wyoming Alliance Fellowship, Jubilee Inner-Town Ministries, and those persons in charge of the minor named above to obtain all necessary medical care. I hereby authorize any licensed physician and/or medical personnel to render necessary treatment to the minor named above.*
- *I, the parent or guardian of the above-named minor, voluntarily waive any claim against WAF KidzKamp, Jubilee Inner-Town Ministries, its staff members, volunteers, partnering organizations, and Board of Directors, for any and all liability, claims, damages, attorney fees, or expenses arising out of any loss, personal injury, accident, misfortune, or damage to the named participants or their property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of all participants.*

Signature of Parent/Guardian: _____ *Date:* _____

Please make all checks payable to WAF and send this completed Registration/Medical form to: Wyoming Alliance Fellowship - 1002 Park Ave., Cody, WY 82414