



WESTERN YOUTH INSTITUTE

August 4-10, 2012 • Camp Redwood Glen • Golden State Division

Please complete & send in with the appropriate fee to DHQ.

(DHQ will then process and send to THQ - Applications due to THQ no later than July 27th)

DELEGATE REGISTRATION

Applicants must be between the ages of 16-25, attend The Salvation Army regularly and have the maturity to participate fully in the WYI program. Please print neatly so a human can actually read your scribbles!

Name: _____ Corps/ Division: _____

Address: _____
Street City / State Zip

Email Address: _____

Date of Birth: _____ Age: _____ Sex: M F T-Shirt Size: _____

PARENTAL RELEASE

(To be completed by legal guardian of Delegates Under 18)

In signing this application, I agree that after a place has been secured, my child will remain through the dates specified above unless dismissed for breach of discipline. In the events of dismissal, voluntary withdrawal or illness, there will be no refund of camp fees. I also give consent for my child to travel to pre-scheduled events.

The undersigned, being the legal guardian of the above mentioned minor, hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment supervision and upon the advice of physician, surgeon or dentist licensed under the provision of the state Medical Practice or Dental Practice Act.

Parent/Guardian Signature

Parent/Guardian (Print Name)

EMERGENCY INFORMATION

(All Delegates)

Please provide us with the name of an adult who we can contact in case of an emergency.

NAME

ADDRESS

CITY, STATE & ZIP

PHONE

RELATIONSHIP

Photo Consent

(To be completed by legal guardian of Delegates Under 18)

I hereby grant The Salvation Army, its successors and assigns, its agent and those by whom it is commissioned, to absolute, unrestricted and unlimited license, right, permission and consent to use and reuse, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

Parent/Guardian Signature

Medical & Health

List any dietary needs, allergies or medications you are taking:

Do you have medical insurance? Yes / No

If yes, indicate carrier: _____

Policy or Group #: _____

WYI FEES

Early Bird – No Transfers – By June 29

\$95 Delegate Portion
\$95 Divisional Portion
\$370 Territorial Portion

After June 29

\$110 Delegate Portion
\$110 Divisional Portion
\$340 Territorial Portion

After July 20

\$130 Delegate Portion
\$130 Divisional Portion
\$300 Territorial Portion

ENDORSEMENTS

Corps Officer Signature

Divisional Youth Secretary