



The rapids are Calling



YPC Camp Registration - 2025

FEAR NOT | Philippians 4:6-7

Name:		
Email:		
Phone:	Gender:	
Address:		
City:	State:	Zip:
Social Security #:		
Parent / Guardian:		

Phone:

Medical Information:

Emergency Contact:

Immunizations Current? Yes No Allergies:

Relation:

Date of last Tetanus Shot:

Medications:

Special instructions:

IHS:

Record #:

Phone: Insurance Policy #: