



# WESTERN YOUTH INSTITUTE

August 4-9, 2014 • 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 19<sup>th</sup>)

## 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 age 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 age 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 20

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

June 20-July 11

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

After July 11

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

## ENDORSEMENTS

\_\_\_\_\_  
*Corps Officer Signature*

\_\_\_\_\_  
*Divisional Youth Secretary*