



# WESTERN YOUTH INSTITUTE 2015

August 3-8, 2015 • Camp Redwood Glen • Golden State Division

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.

## DELEGATE REGISTRATION

Name: \_\_\_\_\_ Corps/ Division: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City / State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

## PARENTAL RELEASE

(Under 18 must have parent/guardian complete this portion)

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

(May be completed by delegates 18 and up. Under 18 must have parent/guardian complete this portion)

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 or my name or photograph to the use of any organization or person.

\_\_\_\_\_  
Parent/Guardian or Delegate 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 - April 2015

\$115 Delegate Portion  
\$115 Divisional Portion  
\$390 Territorial Portion

May 2015

\$125 Delegate Portion  
\$125 Divisional Portion  
\$370 Territorial Portion

June 2015

\$160 Delegate Portion  
\$160 Divisional Portion  
\$300 Territorial Portion

## ENDORSEMENTS

(Upon completion of top portion, each delegate must submit form to their Corps Officer for endorsement who then submits it to the DYS to endorse. The DYS will submit the form to THQ Youth Dept for final registration.)

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

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