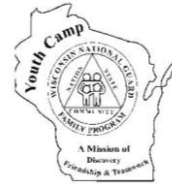


DEADLINE: JULY 2, 2010

**WISCONSIN NATIONAL GUARD YOUTH CAMP
JULY 30 – AUGUST 1, 2010
VOLK FIELD/CAMP WILLIAMS
YOUTH APPLICATION**



NAME OF YOUTH: _____
(Last, First, Middle)

AGE (at camp): _____ SEX: _____ DATE OF BIRTH: Month: _____ Day: _____ Year: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (H) () _____

Attended Youth Camp Before? ___Y ___N* If YES, when (list all years): _____
***If NO, provide copy of Birth Certificate with this application if in 8-10 age group.**

T-SHIRT SIZE: _____ Youth M (10-12) _____ Youth L (14-16)

ADULT SIZE: _____ S _____ M _____ L _____ XL
34-36 38-40 42-44 46-48

(Please order your exact size. We order t-shirts based on this information!)

Due to the complexity of assigning groups, we cannot honor requests to keep children together. If there is a problem with this, please contact the Family Program Office at 1-800-335-5147 ext 3466.

CAMPER'S HEALTH INFORMATION

Does your child have allergies? NO _____ If YES _____, please list _____

Does the child have any medical or emotional conditions? NO _____ If YES, please explain: _____

Does your child require medications? NO _____ If YES, please list: _____

Does child have any disabilities not previously discussed? NO _____ If YES, please explain: _____

Name, address and phone of child's physician: _____

May we give your child acetaminophen (Tylenol) and/or cough medicine during camp, if the camp medical director determines it would be of benefit? NO _____ YES _____ Child's current weight _____

Has your child experienced problems staying overnight away from home in the past? NO _____ If YES, please explain: _____

You will have an opportunity to review this information with medical personnel at in-processing for the camp.

Please do not bring your child to camp if he/she is sick or injured.

DEADLINE: JULY 2, 2010

Please provide the camper's parent(s) or guardian information:

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMERGENCY NUMBER(S) FOR THE WEEKEND OF PARENT(S) OR GUARDIAN:

**ADDITIONAL PERSON WHO COULD LOCATE YOU
THIS WEEKEND IN CASE OF EMERGENCY**

NAME: _____

PHONE: _____

CAMPER'S MILITARY SPONSOR INFORMATION

MILITARY MEMBER'S NAME: _____

MILITARY MEMBER'S RELATIONSHIP TO CAMPER: _____

MILITARY MEMBER'S UNIT: _____

MILITARY MEMBER'S DAYTIME PHONE #: _____

Newspapers to receive a press release: City: _____

Name of newspaper: _____

Is a family member currently deployed? Yes No

Has a family member ever been deployed? Yes No

PARENT/LEGAL GUARDIAN APPROVAL

I hereby voluntarily waive any claims against the Wisconsin National Guard and the United States of America for any and all causes which may arise in connection with the participation of this child in the Wisconsin National Guard Youth Camp. I approve of my child's participation in all camp activities.

SIGNATURE OF PARENT/GUARDIAN

DATE: _____ SIGNATURE: _____

The parent or legal guardian must sign the form, not the Military sponsor (if different).

_____ \$10.00 Registration Fee

Please make check or money order payable to: **Wisconsin Youth Camp.**

Return application to: Wisconsin National Guard Youth Camp,
PO Box 8111, Madison, WI 53708-8111

NO LATER THAN **JULY 2, 2010.**

APPLICATIONS AVAILABLE AT www.wisconsinmilitary.org OR
WIJS-J1-FAMILY WIARNG INTRANET SITE

DEADLINE: JULY 2, 2010

**CHILD/GUARDIAN
GENERAL RELEASE, INDEMNITY AND HOLD HARMLESS
AGREEMENT, AND COVENANT NOT TO SUE
with PHOTO/MEDIA RELEASE**

This is an important document. Please read it carefully before you sign and return it. If you have any questions about signing the document, please consult with your personal attorney. You may negotiate or bargain over the language in this document.

In consideration for permission for my child to use the facilities of Fort McCoy (US Army) and Volk Field for training, including recreation facilities, training areas, and the Ropes Confidence Course, I, the parent/legal guardian of _____ (participant), do hereby release, acquit, discharge, indemnify, and hold harmless Fort McCoy (US Army), Volk Field, the Wisconsin National Guard, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities by my child, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct. This waiver of liability expressly releases the aforementioned parties from their own negligence, as well as my own or that of my charge.

Moreover, I hereby agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against Fort McCoy (US Army), Volk Field, the Wisconsin National Guard, the Wisconsin Department of Military Affairs, the State of Wisconsin, the National Guard Bureau and the Department of Defense, the United States of America, their officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities by my child.

I understand that the activities that will take place are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. By this waiver, I assume any risk and take full responsibility.

I have read and understand the nature and significance of this general release, indemnity, and hold harmless agreement and agree to its provisions.

PHOTO/MEDIA RELEASE

By checking this box I agree to the following provision:

I understand that the Wisconsin National Guard Family Program is developing photographic and multi-media materials which will illustrate activities of the Wisconsin National Guard Youth Camp. I grant to the Wisconsin National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Wisconsin National Guard or the Wisconsin Department of Military Affairs may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

DATE

SIGNATURE OF PARENT OR GUARDIAN

TYPED OR PRINTED NAME OF CHILD

TYPED OR PRINTED NAME OF SIGNATORY

RELATIONSHIP OF SIGNATORY TO CHILD

DEADLINE: JULY 2, 2010

PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for news stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Wisconsin National Guard Family Program.

ROUTINE USE: Information may be disclosed to Wisconsin National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations. Once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Releases of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.