

Camp Witness 2016 Registration Form (PLEASE PRINT CLEARLY) or online at www.campwitness.org

Camper Name: _____ M or F Parent(s) Name(s): _____
 Mailing Address: _____ City: _____ ST: _____ ZIP: _____
 Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____
 Have you attended Camp Witness before? Y / N Grade in Fall of 2016: _____ Age: _____ Birthdate: ____/____/____
 Parent's e-mail: _____ Child's e-mail: _____
 Note: By providing your email address, you are granting permission to Camp Witness to send occasional announcements and communications via email. These may be related to the specific camp being registered for or general announcements concerning camp's activities. You may opt out in the future.
 Medical Conditions camp should be aware of: _____
 Food or Drug Allergies: _____ Is Tetanus Current: Y / N
 Home church Sponsoring Church _____ City _____ Pastor: _____

- | | |
|--|---|
| <input type="checkbox"/> Sr. High Camp, June 5-10, \$160 until May 15, \$195 after | <input type="checkbox"/> Day Camp Week 1 June 13-17 \$120 |
| <input type="checkbox"/> Junior Camp 1, June 12-16, \$135 until May 15, \$165 after | <input type="checkbox"/> Day Camp Week 2 June 20-24 \$120 |
| <input type="checkbox"/> Jr. High Camp 1, June 19-24, \$160 until May 15, \$195 after | <input type="checkbox"/> Day Camp Week 3 July 18-22 \$120 |
| <input type="checkbox"/> Jr. High Horse, June 19-24, \$200 until May 15, \$230 after | <input type="checkbox"/> Day Camp Week 4 July 25-29 \$120 |
| <input type="checkbox"/> Drama/Musical Camp, July 3-16, \$375 to May 15, \$440 after | For SYC events, contact camp |
| <input type="checkbox"/> Jr. High 2, July 17-22 \$160 until May 15, \$195 after | <input type="checkbox"/> Couples Retreat, Sept. 25-27, \$100 |
| <input type="checkbox"/> Combo Camp, July 24-29, \$160 to May 15, \$195 after | <input type="checkbox"/> Men's Work Retreat, Oct. 9-11, Suggested donation \$25 |
| <input type="checkbox"/> Jr. Horse Camp, July 24-29, \$200 until May 15, \$230 after | Include up to two cabin mate preferences: |
| <input type="checkbox"/> Basketball Camp, July 24-29, \$195 until May 15, \$240 after | _____ |
| <input type="checkbox"/> Junior Camp 2, July 31-Aug 4, \$135 until May 15, \$165 after | _____ |
| <input type="checkbox"/> Sr. High B2S Camp, Aug. 4-7, \$150 until May 15, \$180 after | |
| <input type="checkbox"/> Lifelight Experience, September 2-5 \$55 | |

NOTE, PLEASE READ: Registrations on or before May 15th include a shirt. Please indicate size and color. Registrations after May 15th may order a shirt for \$15. All sizes and colors may not be available after May 15th and may not be available for last minute registrations.

Shirts ordered in the wrong size can only be exchanged from excess stock, which is limited.
 Choose Size: YS(6-8), YM(10-12), YL(14-16), Adult S, M, L, XL, XXL, XXXL
 Color: Light Blue, Light Green, Pink, White, Fuchsia tie-dye, Columbia Tie-dye, Turquoise Tie, Die, and Lime Tie-dye

Mail to: Camp Witness, 87979 Red Wing Rd, Long Pine, NE 69217 Total enclosed: _____

Additional discounts may be available with online . www.campwitness.org
 - - - - -Feel free to make copies - - - - - ✂ - - - - -

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Camp Witness Release Form: Camper Name _____

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow participation in the camp(s) registered for and authorize and appoint the directors and staff of Camp Witness as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. I give my permission for my child to participate in all program activities. I give permission, in the event of an emergency, for first aid to be administered to my child and should it be necessary, for emergency medical treatment, which may include transportation by ambulance to the nearest hospital. I understand that every effort will be made to contact parent/guardian prior to treatment. In addition, I understand that by signing this agreement, I hereby release and discharge Camp Witness Bible Conference Association from any and all liability from any injury associated with the camper's participation in camp activities. I understand it is the parent/guardian's responsibility to inform camp personnel of any medical conditions, allergies or food restrictions or any other special needs the camper may have. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release.

I give permission to allow photos and video of the camper to be taken during camp. I further give permission that said photos or video may be published and used by Camp Witness for promotional purposes. Date: _____

Parent/Guardian name: (printed) _____ Signed: _____

Camper's Insurance Company: _____ Policy # _____

For Drama/Musical Camp, Horse Camps, Senior High Back to School, and Lifelight Experience; insurance company and policy number is required. All other camps, it is not required, but is strongly preferred.

Camp Witness's Insurance is "excess coverage" and pays only for accident expenses that your insurance does not pay.

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