

Camp Witness 2018 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 2018: _____ 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

- | | |
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| <input type="checkbox"/> Sr. High Camp, June 3-8, \$165 until May 10, \$210 after | <input type="checkbox"/> Drama/Musical Camp, July 8-21, \$325 to May 10, \$400 after |
| <input type="checkbox"/> Mini Junior Camp, June 10-13, \$95 until May 10, \$130 after | <input type="checkbox"/> Basketball Camp, July 22-27, \$205 until May 10, \$250 after |
| <input type="checkbox"/> Jr. FISHING Camp, June 10-13, \$120 until May 10, \$155 after | <input type="checkbox"/> Junior Camp 2, July 23-27, \$130 until May 10, \$170 after |
| <input type="checkbox"/> Jr. High Camp 1, June 17-22, \$165 until May 10, \$210 after | <input type="checkbox"/> Jr. Horse Camp, July 23-27, \$170 until May 10, \$210 after |
| <input type="checkbox"/> Jr. High Horse, June 17-22, \$205 until May 10, \$250 after | <input type="checkbox"/> Day Camp Week 3, July 23-27, \$100 until May 10, \$125 after |
| <input type="checkbox"/> Day Camp Week 1 June 18-22, \$100 until May 10, \$125 after | <input type="checkbox"/> Jr. High 2, July 29-Aug 3, \$165 until May 10, \$210 after |
| <input type="checkbox"/> Combo Camp 1, June 24-29, \$165 to May 10, \$210 after | <input type="checkbox"/> Jr. High FISHING, July 29-Aug 3, \$190 until May 10, \$235 after |
| <input type="checkbox"/> Combo Horse Camp, June 24-29, \$205 until May 10, \$250 after | <input type="checkbox"/> Day Camp Week 3, July 30-Aug3, \$100 until May 10, \$125 after |
| <input type="checkbox"/> Volleyball Camp June 24-29, \$200 until May 10, \$250 after | <input type="checkbox"/> Mini Combo Camp 2, Aug. 5-8, \$95 to May 10, \$130 after |
| <input type="checkbox"/> VBS Valley Grove, June 25-29, \$15 until May 10, \$25 after | <input type="checkbox"/> Poetry, Fiction Writers, Aug 5-9, \$155 to May 10, \$200 after |

Include up to two cabin mate preferences: _____

NOTE, PLEASE READ: Registrations on or before May 10th include a shirt. Please indicate size. Registrations **after May 10th may purchase a shirt while at camp for \$15.** All sizes may not be available.

Shirts ordered in the **wrong size can only be exchanged from excess stock, which is limited.**

Additional discounts may be available with online . www.campwitness.org Total enclosed: _____

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

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, Fishing Camps, Writers Workshop camp, and Jr. Sr. High Back to School; insurance company and policy number is required. This is due to travel away from camp. All other camps, it is not required, but is strongly preferred.**