

Camp Witness 2017 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 2017: _____ 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: _____

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|--|--|
| <input type="checkbox"/> Sr. High Camp, June 4-9, \$165 until May 5, \$200 after | <input type="checkbox"/> Jr. High 2, July 9-14 \$165 until May 5, \$200 after |
| <input type="checkbox"/> Junior Camp 1, June 11-15, \$140 until May 5, \$170 after | <input type="checkbox"/> Basketball Camp, July 9-14, \$190 until May 5, \$225 after |
| <input type="checkbox"/> Jr. High Camp 1, June 18-23, \$165 until May 5, \$200 after | <input type="checkbox"/> Day Camp Week 3, July 10-14, \$100 until May 5, \$125 after |
| <input type="checkbox"/> Jr. High Horse, June 18-23, \$210 until May 5, \$240 after | <input type="checkbox"/> Drama/Musical Camp, July 16-29, \$375 to May 5, \$440 after |
| <input type="checkbox"/> Day Camp Week 1 June 19-23, \$100 until May 5, \$125 after | <input type="checkbox"/> Combo Camp 2, July 30-Aug. 4, \$165 to May 5, \$200 after |
| <input type="checkbox"/> Combo Camp 1, June 25-30, \$165 to May 5, \$200 after | <input type="checkbox"/> Combo Horse Camp, July 25-29, \$210 until May 5, \$240 after |
| <input type="checkbox"/> Jr. Horse Camp, July 25-29, \$210 until May 5, \$240 after | <input type="checkbox"/> Day Camp Wk. 4, July 31-Aug. 4, \$100 until May 5, \$125 after |
| <input type="checkbox"/> Day Camp Week 2 June 26-30, \$100 until May 5, \$125 after | <input type="checkbox"/> Junior Camp 2, August 6-10, \$140 until May 5, \$170 after |
| | <input type="checkbox"/> Jr. High/Sr. High B2S, Aug. 4-7, \$140 until May 5, \$170 after |

Include up to two cabin mate preferences: _____

NOTE, PLEASE READ: Registrations on or before May 5th include a shirt. Please indicate size and color. Registrations **after May 5th may order a shirt for \$15**. All sizes and colors may not be available after May 5th and may not be available for last minute registrations.

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

Choose Size: **YS(6-8) are you sure**, YM(10-12), YL(14-16), Adult S, M, L, XL, XXL, XXXL

Color: Royal Blue, Kelly Green, Sport Grey, Navy Tie-dye, Red Tie-dye, Purple Tie-dye, Surprise me

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, and Jr. Sr. High Back to School; 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.