

**Camp Witness 2010 Registration form:** Mail this form with a check payable to: **Camp Witness**, HCR 62 Box 30B, Long Pine, NE 69217

Full Name \_\_\_\_\_ Parent(s) Name(s) \_\_\_\_\_  
 Street Address/Box# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Phone in Emerg. (\_\_\_\_) \_\_\_\_\_  
 Parent's E-mail \_\_\_\_\_ Child's E-mail \_\_\_\_\_  
 Grade in Sept. 2010 \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male  Female   
 Month Day Year

Health Problems that Camp should know about: \_\_\_\_\_

Any Allergies? \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_  
 Have you attended Camp Witness before? Yes  No

Home Church  Sponsoring Church  Town \_\_\_\_\_ Pastor's Name \_\_\_\_\_

**Note:** The Camp's insurance is "Excess Coverage" and pays only for accident expenses that your insurance does not pay. To help us in the event of any accident, please give us the following information: Name of Insurance Company (if any) \_\_\_\_\_ Policy Number # \_\_\_\_\_

**Which Camp(s) do you wish to attend?**

- Senior High Camp - June 6-11—(Grades 9 - 2010 Grads)
- Junior High 1 - June 13-18—(Grades 6-8)
- Junior Camp 1 - June 20-24—(Grades 3-6)
- Volleyball Camp (Girls) - June 21-26—(Grades 7-10)
- Combination Camp 1 - June 27-July 1—(Grades 3-8)
- Junior Camp 2 - July 11-15—(Grades 3-6)
- Drama/Musical Camp - July 12-18—(Grades 7-12)
- Junior High Camp 2 - July 18-23—(Grades 6-8)
- Basketball Camp - July 25-30—(Grades 7-10)
- Combination Camp 2 - August 1-6—(Grades 3-8)
- Senior High Retreat - August 8-11—(Grades 9 - 2010 Grads)
- Urban Plunge - August 13-15—(Ages 16-30ish)
- Couples Retreat - August 20-22
- Men's Work Retreat - October 1-3

- Campers may pre-order camp t-shirts for \$10.00. (shirts will be \$15.00 if purchased at camp) Youth S M L or Adult S M L XL  
 Include payment with camp payment.  
 - Camper will go home with: \_\_\_\_\_  
 - Request up to two Cabin-mates: \_\_\_\_\_  
 • Please complete Releases on back

Total Payment Enclosed: \_\_\_\_\_

THIS SPACE FOR CAMP WITNESS USE: CSH/DT \_\_\_\_\_ CK/DT \_\_\_\_\_ SCHOL \_\_\_\_\_ MED \_\_\_\_\_

## 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) listed on the reverse 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 me 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 resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participating in the program shall constitute acceptance of the conditions set forth in this release.

I give permission to allow photos and video of my child to be taken during camp. I further give permission that these photographs may be published and used by Camp Witness to promote camp programs.

Parents Name Printed: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_