

**Camp Witness 2020 Registration Form (PLEASE PRINT CLEARLY) or online at [www.campwitness.org](http://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 2020: \_\_\_\_\_ 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

- |   |  |
|---|--|
| <input type="checkbox"/> Sr. High Camp, May 31- June 5, \$165 until May 10, \$210 after | <input type="checkbox"/> Jr. High 2, July 13-17, \$165 until May 10, \$210 after         |
| <input type="checkbox"/> Jr. High Camp 1, June 7-12, \$165 until May 10, \$210 after    | <input type="checkbox"/> Basketball Camp, July 13-17, \$205 until May 10, \$250 after    |
| <input type="checkbox"/> Jr. High FISHING, June 7-12, \$190 until May 10, \$235 after   | <input type="checkbox"/> Combo Camp 2, July 19-24, \$165 to May 10, \$210 after          |
| <input type="checkbox"/> Jr. High Horse, June 7-12, \$205 until May 10, \$250 after     | <input type="checkbox"/> Combo 2 Horse Camp, July 19-24, \$205 until May 10, \$250 after |
| <input type="checkbox"/> Combo Camp 1, June 14-19, \$165 to May 10, \$210 after         | <input type="checkbox"/> Senior High / Junior High Retreat July 26-29, \$110             |
| <input type="checkbox"/> Combo Horse Camp, June 14-19, \$205 until May 10, \$250 after  | <input type="checkbox"/>   |
| <input type="checkbox"/> Combo FISHING, June 14-19, \$190 until May 10, \$235 after     | <input type="checkbox"/>   |
| <input type="checkbox"/> Junior Camp, June 21-26, \$130 until May 10, \$170 after       | <input type="checkbox"/>   |
| <input type="checkbox"/> Jr. Horse Camp, June 21-26, \$170 until May 10, \$210 after    | <input type="checkbox"/>   |
| <input type="checkbox"/> Mini Junior Camp, July 5-8, \$95 until May 10, \$130 after     | <input type="checkbox"/>   |

Include up to two cabin mate preferences: \_\_\_\_\_

**NOTE, PLEASE READ:**

Additional discounts may be available with online . [www.campwitness.org](http://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 Horse Camps, Fishing Camps, , 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.