

Camp Witness 2025 Registration Form

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 2025: ____ 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 the 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

- *2025 Schedule:*
- *Sr. High Camp June 1ST-6TH \$185 Grades 9th - 12th*
- *Combo Camp June 9TH-13TH \$185 Grades 2nd - 8th*
- *All Girls Camp June 16TH-20TH \$185 Grades 6th - 8th*
- *Mini Elementary Camp June 30th - July 3rd \$125 Grades 2nd-6th*
- *All Boys Camp July 14th - 18th \$185 Grades 6th-12th*
- *Combo Camp July 21st - 25th \$185 Grades 2nd -8th*
- *Sr. High Retreat July 28th- 30st \$50 Grades 9th- 12th*

Include up to two cabin mate preferences: _____

NOTE, PLEASE READ:

Additional discounts may be available 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 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.**