

# 2008 Summer Camp Registration

(Make copies of this form to register more than one camper)  
COMPLETE THIS FORM IN ITS ENTIRETY

CIRCLE ONE CAMP:

TEEN CAMP

INTERMEDIATE CAMP

JUNIOR CAMP A

JUNIOR CAMP B

JUNIOR CAMP C

Make checks payable to **Camp Assurance.**

Send enclosed registration and payment to:

Rozeanne Hintz  
PO Box 7  
Dixon, NE 68732  
402.584.2293

To shorten line time at camp registration, your filling out the following work sheet and sending all fees would be appreciated.

Knowing that many great photos and video are captured of campers having a great time at Camp Assurance, I give permission to have photos and videos of my child used in Camp Assurance promotions. YES \_\_\_\_\_ NO \_\_\_\_\_

## PRE-REGISTRATION WORKSHEET

		OFFICE USE
REGISTRATION FEE	\$	
T-SHIRT FEE	\$	
SPEAKER OFFERING	\$	
MISSIONARY OFFERING	\$	
T-SHIRT FEE	\$	
<b>TOTAL</b>	<b>\$</b>	

Office use only DATE REG. RECEIVED CHECK # ____/____/08 _____
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Belden, NE

[www.camp-assurance.com](http://www.camp-assurance.com)

[info@camp-assurance.com](mailto:info@camp-assurance.com)

Shannon Arduser - 712.301.1268

Kyle Sittler - 402.709.6096

Mike Kresnik - 402.659.7837

# CAMPER INFORMATION '08

Name: \_\_\_\_\_

Male\_\_ Female\_\_ Birth Date\_\_/\_\_/\_\_\_\_

Age at camp\_\_\_\_ Grade completed\_\_\_\_

Mailing Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

E-mail\_\_\_\_\_

Parent's Name\_\_\_\_\_

Home Phone\_\_\_\_\_

Emergency Phone\_\_\_\_\_

Home Church\_\_\_\_\_

If a church or organization is paying fees:

Scholarship Donor\_\_\_\_\_

Contact Person\_\_\_\_\_

Phone\_\_\_\_\_

Scholarship Amount \$\_\_\_\_\_

Fees scholarship covers\_\_\_\_\_

T-shirt size\_\_\_\_\_

## MEDICAL INFORMATION - Required

Date of last tetnus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies\_\_\_\_\_

Medications\_\_\_\_\_

## PARENT/CAMPER STATEMENTS

I understand that our personal insurance is the primary coverage for my child and that each camper is covered by limited insurance. In case of emergency I give the camp permission to prescribe medication and secure treatment for my child's care. The camp will contact me as soon as possible. I will not hold Camp Assurance or its staff responsible in case of accident or illness. I give my permission for my child to participate in all camp activities including trips away from campgrounds.

## PARENT/GUARDIAN SIGNATURE

I will cheerfully obey the camp rules and conduct myself as I am instructed. I also agree to follow camp's "modesty standard". By my signature below, I agree that I will be held accountable to this statement.

\_\_\_\_\_  
**CAMPER SIGNATURE**