



JUNIOR HIGH GRADES 6-8
 JULY 15-20
 \$200

HIGH SCHOOL GRADES 9-12
 JULY 22-27
 \$200

JUNIOR GRADES 3-5
 JULY 30 - AUGUST 2
 \$120

DEANS:

JR HIGH: TREVOR HARRISON
 HS CAMP: RYAN CHAREST
 JR. CAMP: MATT BRANUM

FIRST CC - RAPID CITY
 REAL LIFE CC - SHERIDAN
 NORTHPOINT CC - SPEARFISH
 WESTWAY CC - SCOTTSBLUFF

CAMP MANAGER: JOE PETERSEN 308-635-2654

**SAVE \$10 OFF THE REGISTRATION PRICE WHEN YOU REGISTER BY JUNE 21.
 REGISTER & BRING 2 NEW FRIENDS WHO HAVE NOT BEEN TO NEB WYODAK
 BEFORE TO GET A FREE HOODIE!**

Instructions

Register by 6/21/18 to save \$10

Early Registration must be postmarked by **June 21** to get the reduced fee and t-shirt: \$190 for HS or Jr. High Week, or \$110 for Junior Week. To qualify for the free hoodie, you and your 2 friends must register by this early registration date as well.

Parent/Guardian: Please complete the included form and return it to your church office or youth minister with a minimum of \$15 pre-registration payment. If you are not attending with a participating church, please mail your registration and payment to:

**Chadron Christian Church
 - Camp Registration
 998 E. 6th St.
 Chadron, NE 69337**

Parents: Please help your camper pack. Each camper will need: a Bible, notebook, pen, pillow, jacket, sleeping bag, toiletry items, towels, casual clothes, old clothes, tennis shoes, 1 piece swimwear, bug spray, and offering & canteen money. Medication needs to be in original containers and will be checked in with the camp nurse for the week. **DO NOT BRING** fireworks, weapons, tobacco, alcohol, drugs, snack food, or pets.

Location & Check-in: The camp is held at Kamp Kinship (12145 Paha Sapa Rd. Deadwood, SD 57732), 12 miles south of Deadwood on Hwy. 385, then 4 miles east on Paha Sapa Rd. Check-in is at 4 PM for HS & Jr. High camps & 1 PM for Junior camp. The office number at the camp is 605-578-9965.

NebWyoDak Christian Camp is a place where youth can hear the gospel of Jesus Christ while having fun and building friendships. Our staff will represent Jesus through their work & life at camp as an extension of the church's mission to make disciples.

STAY IN TOUCH VIA THE NEB-WYO-DAK FACEBOOK GROUP AND NEB WYODAK.COM.

Camper Registration

Name: _____ Guy Girl

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Grade this Fall: _____ Home Church: _____

Shirt Size*: YS YM YL AS AM AL XL 2X 3X (*t-shirts are only ordered for those who register early)

Check One Week: Senior High Junior High Junior

If this is your first time at NebWyoDak, who is the friend who invited you to camp? _____

Medical Emergency Authorization

In case of emergency, please notify person below:

Name: _____ Relation to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Dr./Clinic Name: _____ Dr./Clinic Phone: _____

Family Health Insurance Co: _____ Policy/Group No.: _____

Insurance: NebWyoDak Camp's insurance is a supplemental policy, and it is not intended to fully cover any accidents or sicknesses that may occur at camp. The policy provides only limited coverage for medical payments. Any claims filed will be applied to both the camper's primary insurance and the Camp insurance. Please include all primary insurance information on the registration form.

For the following, please respond to all that apply:

Camper is subject to: Asthma ___ Fainting ___ Diabetes ___ Heart Trouble ___ Seizures ___ Other _____

Drug Allergies: Penicillin ___ Aspirin ___ Other _____ Food Allergies: _____

Required Medicine: _____ Date of last Tetanus Immunization: _____

Communicable Disease: _____ Other Health/Medical Concerns: _____

Activities may include swimming, hiking, climbing, and a zip line. Please indicate activities in which your camper may NOT participate. _____

Parent/Guardian Authorization

The Health history is correct, and the above named camper has my permission to engage in all program activities, except as noted above. In case of emergency, I grant permission to the attending physician to employ such diagnostic procedures and medical treatment as deemed necessary. If noted below, I will also grant permission for the camp nurse to administer over the counter medications as deemed necessary for the above named camper.

Parent/Guardian Signature: _____ Print Name: _____

Witness/Additional Parent: _____ Print Name: _____

Camp Nurse may administer OTC medications. Y / N (circle one) Date: _____