

2010 CONFERENCE CAMP REGISTRATION

Please check event(s) for which you are registering • Registration Deadline is April 15th

- | | |
|---|--|
| <input type="checkbox"/> Work Weekend / April 23-25 | <input type="checkbox"/> Junior Camp / June 27 - July 2 / \$295 |
| <input type="checkbox"/> Senior High / June 6-11 / \$295 | <input type="checkbox"/> Primary / July 6-8 / Child \$120, Adult - \$60 |
| <input type="checkbox"/> Junior High / June 13-18 / \$295 | <input type="checkbox"/> Little Critters Camp / July 9-10 / Adult & 1st Child - \$85, 2nd Child - \$40 |
| <input type="checkbox"/> Canoe Quest / June 18-21 / \$150 | <input type="checkbox"/> FOCUS / July 11-16 / \$295 |
| <input type="checkbox"/> Unit Camp / July 6-9 / \$235 | <input type="checkbox"/> YAR (Young Adult Retreat) / August 6-8 / \$90 |

Camper's Name _____ Home Church _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade Entering _____ M/F _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Name a cabin mate (optional, for Junior Campers Only) _____

Parent/Guardian Release (camper's name) _____ has my permission to participate in camp

Parent/Guardian Signature _____ Date _____

Pastor's Signature _____

Please designate those who are authorized to pick up your child _____

Please refer to Registration Information in this brochure for deposit and payment information.
Make check payable to: *Outdoor Ministries*, and send your deposit and this form to:

KAMP KALEO, 46872 WILLOW SPRINGS RD, BURWELL, NE 68823

If paying by credit card, please supply the following information:

Credit Card Holder Billing Address _____

City _____ State _____ Zip _____

Credit Card # _____ Exp Date _____

Charge Amount _____ Circle one: VISA / MC 3 Digit Security Code (on back of card) _____

Full name as shown on the credit card (please print) _____

Signature _____

Customer is responsible for collection fees, court costs and reasonable fees to collect unpaid accounts

HEALTH FORM / Parents-Guardians must fill out the Health Form which you will receive with your registration confirmation. NO ONE will be admitted without a completed health form.

HORSEBACK RIDING / Trail Riding is offered to campers in grades 4-12 during the recreation time. This is an extra activity and is not included in the camp registration fee.

FOR OFFICE USE ONLY:

Date Received: _____ Camp Deposit: _____

Balance: _____ Trail Ride Deposit: _____



KAMP KALEO TRAIL RIDE REGISTRATION

In anticipation of your equestrian experience at the Switzer Ranch, home of the Calamus Outfitters, please complete this form and return it to Kamp Kaleo with your registration.

INDIVIDUAL RIDER REGISTRATION AND INFORMATION

Rider's Name: _____

Riding Experience Level (circle one): **1** (None) **2** (1-10 times) **3** (11 to 30 times) **4** (More than 30 times)

Age: _____ Height: _____ Weight: _____

Comments Or Concerns: _____

Appropriate Dress For Riding: Long Pants, Closed Shoes (with heels if possible)

ASSUMPTION OF RISK AND RELEASE

Kamp Kaleo and Calamus Outfitters are pleased to have you join us for an equestrian experience. Our staff takes the necessary precautions and provides proper instruction in all activities offered at the Switzer Ranch, home of the Calamus Outfitters. Nevertheless, these recreational activities involving horses entail some risk of possible injury. The purpose of this statement is to confirm your understanding and acknowledgement of such risk and hold harmless and to release Kamp Kaleo, Calamus Outfitters, Switzer Ranch, their owners and staff from any associated liability.

Further, with respect to horse related activities, we are required to post the following warning: under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21, 249 to 25-21, 253 NRS.

Please sign below acknowledging such release and the risk of personal injury, which could result from the recreational activities you elect to undertake in this and subsequent visits to the ranch, and that those risks are assumed as a part of your equestrian experience.

Rider's Signature _____ DATE _____

Parent or Guardian's Signature _____ DATE _____

Trail Ride Fee: \$35.00.

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