



JUNIOR HIGH GRADES Incoming 6th - 8th JULY 11-16 \$260	HIGH SCHOOL GRADES Incoming 9th - 2021 Graduates JULY 18-23 \$260	JUNIOR GRADES Incoming 3rd - 5th JULY 26 - 29 \$200
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DEANS

JR HIGH & HS CAMP: Tanner Mack	The Foundry	Rapid City, SD	
JR. CAMP: Trevor Harrison & TBA	The Foundry	Rapid City, SD	
Board President: Trevor Harrison	The Foundry	Rapid City, SD	605-342-5707 office

SAVE \$20 OFF THE REGISTRATION PRICE WHEN YOU REGISTER BY JUNE 11th.

REGISTER & BRING 2 NEW FRIENDS WHO HAVE NOT BEEN TO NEB WYODAK BEFORE TO GET A FREE HOODIE

INSTRUCTIONS

RIMROCK INSTRUCTIONS: Register by June 6th to save \$20 Early Registration and get the reduced fee and T-Shirt for Jr. High Week. To qualify for the free hoodie, you and your 2 friends must register by this early registration date, as well. Please have your Parent or Guardian complete the form and return it to us with a **minimum of \$60 pre-registrations payment** (non-refundable) by June 6th.

PARENTS:

Please help your camper pack. Each camper will need: a Bible, notebook, pen, pillow, jacket, sleeping bag/bedding (bed and mattress provided), toiletry items, towels, casual clothes, old clothes, tennis shoes, appropriate swimwear, bug spray, and offering & canteen money. Also a refillable water bottle is wise.

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: The camp is held at the Black Hills Retreat Center (formerly known as Kamp Kinship at 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.

CAMP PHONE #: 605-578-9965. Cell service and wifi is very limited and unreliable at camp.

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: _____ Check One: Student Adult Volunteer
Check Which Week Attending: Senior High Junior High Junior
If this is your first time at NebWyoDak, who is the friend who invited you to camp? _____
Church Attending With: _____ Home Church (if different): _____

T-SHIRT INFORMATION (every camper receives a t-shirts as part of their registration)

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

Limited Edition NebWyoDak Merch will be available for pre-order thru the website — available soon — and delivered during the week of camp.

MEDICAL EMERGENCY AUTHORIZATION

In case of emergency, please notify person below:

Name: _____ Relation to Camper: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Phone -- Home: _____ 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 (OTC) medications as deemed necessary for the above named camper.

Additionally, I give permission for my child's image to appear on camp promotional materials and/or social media posts. (Check this box if you **DO NOT ALLOW** your camper's picture to be used.)

Parent/Guardian Signature: _____ Print Name: _____

Witness/Additional Parent: _____ Print Name: _____

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