



Midwest District Youth Camp

At Timber Lakes Camp, Williamsburg, KS

Date: July 8-12, 2019

Check in: 2:00-3:00 pm July 8

Check out: 11:00 am July 12

Registration Dates and Costs:

Postmarked by June 1 = \$240

Postmarked after June 1 = \$280

Speaker/Worship:

Matt Miles

Timber Lakes Collective

Payment and Mailing Information:

Make checks payable to: **Midwest District Student Ministries**

Mail to: Adam DeMike, P.O. Box 321 Weeping Water, NE 68463

What To Bring:

___ Bible, notebook, pen

___ Sleeping Bag, Pillow

___ Shower Supplies

___ Towel

___ Casual Clothes

___ Swimsuit (1 piece only)

___ Insect Repellent

___ Flashlight

___ Sunscreen

___ Snack Money

___ Small Alarm Clock

___ Light Rain Jacket

___ Mud Clothes

___ Mud Shoes

___ Love for Jesus

___ Gift Cards for Adam

Contact Adam DeMike at 402.953.8648 or adam@demike.com for more information

Cut Along This Line – Keep The Top Portion & Mail The Bottom Portion To The Address Above

Student Registration Form

(Please Print – Applicants must be in 6-12th grade)

Name _____ ☐ Male ☐ Female Phone (____) _____

Address _____ City _____ State _____ Zip _____

Grade Completed ____ Age ____ Church _____ Adult shirt size: S M L XL XXL

Roommate Choices: _____

Amount Enclosed \$ _____

\$50 Non-refund minimum due June 1

Balance due upon arrival at camp

Make checks payable to:

Midwest District Student Ministries

STUDENT WAIVER

While at Youth Camp, I will obey the rules of the Camp and Campground. I understand that my failure to obey the camp regulations could result in my being sent home at my expense.

Student Signature _____ Date _____

PARENT/GUARDIAN RELEASE OF LIABILITY

I hereby release, Timber Lakes Camp and Midwest District Missionary Church, Inc., the respective Board of Directors, officers, employees, agents and any other individuals officially connected with the Midwest District Youth Camp, from any and all liability for damage to or loss of personal property, sickness, and injury from whatever source (including death) as a result of participation in the Camp. If, during the course of my child's participation in Camp activities, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical or dental care. I understand the Camp does not provide medical coverage for my child(ren) and will assume financial responsibility for the bills incurred. I grant permission for photos or video taken of my child(ren) at this event to be used in any camp publication or promotion.

Parents must sign for all minors under the age of 18.

Parent/Guardian Signature _____ Date: _____

Emergency Contact Name: _____ Phone # _____

Parents/Guardians: Please include any additional medical information on the back of this sheet