

## Camp Oasis Registration Form:

Mail to: Box 155 Firth, Ne. 68358  
402-791-2011

[www.oasiscamps.org](http://www.oasiscamps.org)

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Guardian)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Guardian)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

With whom does child reside: Father&Mother \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Guardian \_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering for Fall 2012 \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Emergency Contact 1: PLEASE LIST 2 CONTACTS OTHER THAN PARENTS INFO ABOVE.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact 2:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Room Mate Preference: \_\_\_\_\_

Camp Attending (1<sup>st</sup> choice) \_\_\_\_\_ Date \_\_\_\_\_

Camp Attending (2<sup>nd</sup> choice) \_\_\_\_\_ Date \_\_\_\_\_

Calculate Your Cost:

Cost of Camp: \_\_\_\_\_ \$ \_\_\_\_\_

Options/Additions:

Camp Store +\$ \_\_\_\_\_

\*amount remaining will be put in our scholarship fund (no refunds)

Exclusive T-shirt (\$15) +\$ \_\_\_\_\_

Y M YL AS AM AL AXL AXXL

*Circle Size*

Total Options = \$ \_\_\_\_\_

**Min. deposit is : \$40 weeklong, \$25 short week** Deposit Included \$(-) \_\_\_\_\_

**\*Balance is due June 1** Balance Due \$ \_\_\_\_\_

### Payment Information

Check/money order included \$ \_\_\_\_\_ Check # \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Type of charge Card \_\_\_\_\_ Card # \_\_\_\_\_

Amount to be charged \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please do NOT send charge card information by email. Please call 402-791-2011**

By signature below, you understand that there are inherent risks in any camp program. For your child, who is participating in any of Timberlake Ranch Camp (DBA Camp Oasis) program areas, you indemnify, release and discharge Timberlake and its directors, officers, employees, and agents from liability arising from your child's participation in camp activities. You further authorize use of photographs and/or video and sound recordings of your child during camp for promotional and other camp purposes

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** We swim off site and therefore transport the children to the pool. Also, we may visit other places to enhance your child's camp experience.

**Transportation Authorization:**

By signature below you authorize and give permission to Timberlake Ranch Camp, Inc. (doing business as Camp Oasis), its agents and employees, to transport my AND TO HOLD HARMLESS, Timberlake Ranch Camp, Inc. (DBA Camp Oasis), its agents and employees with respect thereto.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**DAY CAMP (ONLY) TRANSPORTATION**

**Do you plan to bring your child and pick them up at camp each day?**     **yes**             **no**

*If no, please complete the following:*

**PICK UP:**

My child will be picked up at New Covenant Community Church in Lincoln at 8:15 AM

My child will be picked up at Subway in Hickman at 8:40 AM

My child will be picked up at Evangelical Free Church of Firth at 8:50 AM

**DROP OFF:**

My child will be dropped off at Evangelical Free Church of Firth at 4:05 PM

My child will be dropped off at Subway in Hickman at 4:20 PM

My child will be dropped off at New Covenant Community Church in Lincoln at 4:45 PM

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_