



# HARRISON BIBLE CHURCH - RODEO BIBLE CAMP



## REGISTRATION FORM

Camp May 26<sup>th</sup> – 29<sup>th</sup>, 2025

Send completed forms to: Harrison Bible Church, PO Box 387, Harrison, NE 69346  
For questions call the church 668-2206, Carmen 430-8713, Herb 665-1424, or Naomi and Jeff 665-5553

Camp is for campers entering grades 6<sup>th</sup> – 10<sup>th</sup>.

Each camper may bring only one horse due to limited space and safety reasons.

*This horse will be used for the week of clinic time as well as for the rodeo performance.*

Stalls are assigned prior to camp and your cooperation is appreciated.

Name \_\_\_\_\_ Cowboy \_\_\_\_\_ or Cowgirl \_\_\_\_\_

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

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in September \_\_\_\_\_

Parent/Grdn Name \_\_\_\_\_ Phone # Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Grdn Name \_\_\_\_\_ Phone # Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Will you be coming with another camper and if so who \_\_\_\_\_

Camp T-Shirts are available for \$13 Adult Sizes – S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

### PARENT'S INSTRUCTION ON MEDICAL TREATMENT

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Is your child presently on any medications? \_\_\_\_\_ If yes, please list medication(s), times of day and purpose.

\_\_\_\_\_  
\_\_\_\_\_

Drug sensitivities or allergies \_\_\_\_\_ Other allergies \_\_\_\_\_

Reaction Symptoms \_\_\_\_\_

Please list any pertinent medical history, conditions or instructions here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT MEDICAL WAIVER FORM AND PHOTO RELEASE FORM ON OTHER SIDE! THANK YOU!**

# HARRISON BIBLE CHURCH – JUNIOR RODEO BIBLE CAMP

## MEDICAL WAIVER FORM

### Release and Medical Authorization

In order for a child to participate in the Harrison Bible Church Junior Rodeo Bible Camp activities, a parent or guardian must sign this release and medical authorization.

### Release and Liability

In consideration of the Harrison Bible Church Junior Rodeo Bible Camp, I grant the child permission to participate in the Rodeo Bible Camp. I hereby assume all risks of his/her personal injury that may result from Rodeo Bible Camp activity. As a parent/guardian, I do hereby release Harrison Bible Church, all instructors and all participants in said Rodeo Bible Camp program from liability; including but not limited to claims and suits at law or inequity, for any injury or damage to livestock and/or personal property which may result from the child taking part in Rodeo Bible Camp activities.

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Parent/Guardian Signature Date

### Medical Authorization

I hereby authorize and give my consent to the health authorities of Harrison Bible Church or any licensed physician or EMT to perform or administer any reasonable, necessary medical attention to:

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Camper's Name

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other changes in connection with child's attendance to this camp.

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Insurance Company

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Policy Number

### Permission to Use Photograph

I/ We grant to Harrison Bible Church, its representatives and employees the right to take pictures of my son(s) or daughter(s) in connection with the above-identified subject. I authorize Harrison Bible Church to use and publish the same in print and/or electronically. I agree that Harrison Bible Church may use such photographs of my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, advertising, and web content.

I/ We DO NOT grant Harrison Bible Church, its representatives and employees the right to take photographs of my son(s) or daughter(s) in connection with the above identified subject.

I have read and understand the above:

Son's and Daughter's name(s) \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ Date \_\_\_\_\_