

"Dr Seuss - WoTeKi Style" June 22 - 28

Dr. Seuss and friends will inspire new activities and put a fun twist on our long time favorites. Bring your imagination!

\$250 per person

General camp program - Youth entering grades K - 12th grade

-Or-

Junior-Counselor-in-Training (JCIT) program - Youth entering 9th-12th
(limited space)

campwoteki.com



CRAFTS,
CAMPFIRES,
HIKING, SKITS,
GAMES, SONGS,
SILLINESS AND
FRIENDSHIPS!



Camp WoTeKi 2025

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Transportation - **Pick up /Drop off points**

Mountain Home, ID

June 22 @ 1:00pm / June 28 @ 12:00pm

Parking lot across from empty lot behind Walmart
(at the top of the walking path) - from Boise use exit 95,
turn right, take next right before Pioneer Credit Union,
lot will be on your right.

Twin Falls, ID

June 22 @ 3:00pm / June 28 @ 10:00am

Wells Fargo Bank Parking lot
(Magic Valley mall near Food Court entrance)

**Other transportation Pick up / Drop off points may be
determined based on need.**

Registration

A deposit of **\$50** will reserve your child's bunk at Camp WoTeKi. A confirmation packet will be emailed in June after receipt of your child's registration and deposit. This packet (also available on our website) will include information about camp and a medical form. Balance **must be paid in full by June 15** to keep your spot.

Registrations can be mailed or emailed. Only the 2nd page is required to be sent. This page is information for you to keep. If you want to register more than one child, please fill out a registration for each child. Mail: Camp WoTeKi, PO Box 401, Mountain Home, ID 83647. Email: campwoteki@gmail.com

Additional merchandise orders will be placed on June 6 to ensure their arrival in time for camp. Use order form on the website if you would like additional items.

Registrations will be accepted after June 15 if paid in full at the time of registration. A cancellation fee may be charged for cancellations after June 15. Any refunds will be paid within two weeks after the camp session ends.

REGISTRATION CARD (please print legibly)

Camper's Name _____ Grade in fall _____

Address _____

City _____ State _____ ZIP _____

Age _____ Birth Date _____ male female

Program Choice: _____ General camp program (for youth entering K-12th grade)
_____ JCIT program (for youth entering 9th-12th grade)

Parent's name(s) _____

Cell Phone _____

Work Phone _____

Email _____

Is either parent a veteran? Yes No

Every camper gets a **free t-shirt**, circle size: YM YL AS AM AL AXL AXXL

Circle years your child has attended Camp WoTeKi in the past:
none '06 '07 '08 '09 '10 '11 '12 '13 '14 '15 '16 '17 '18 '19 '20 '21 '22 '23 '24

Transportation drop off/pick up points (circle your choices):

to camp: Mountain Home, ID Twin Falls, ID
to home: Mountain Home, ID Twin Falls, ID

Additional Emergency contacts (in order of preference - to be used after every attempt has been made to contact the parent(s) listed above)

Name: _____

Phone: _____ Work _____

Relationship to camper: _____

Name: _____

Phone: _____ Work _____

Relationship to camper: _____

To attend camp: **All campers must be accompanied by a complete, signed medical form**, which will be sent to you (also available on the website) after registering for camp. Any and all medications must be turned in to the Camp Medical staff or Camp Directors upon arrival at camp.

My child has the following medical condition, which may affect regular activities:

Food allergies (please list):

Medical: My child has permission to take part in the usual camp activities. I will take responsibility to see that my child is prepared for all activities including having the proper clothes and equipment and being in good health. In case of medical or surgical emergency, after every reasonable effort has been made to contact me or the family physician, I hereby give my permission to the physician secured by the adult in charge to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred for such emergency treatment.

Photo Release: I understand that pictures of camp activities may be posted on Camp WoTeKi's website and may contain my child.

Non-Idaho Residents: I acknowledge that I am giving WoTeKi, Inc. permission to transport my child across state lines in order to participate in their Camp WoTeKi resident camp program. I further attest that I have the legal authority to allow this permission and agree to release and hold harmless WoTeKi, Inc., its agents, and employees from any and all liability which may occur resulting from this action.

COVID: I acknowledge that I am aware of the extra safety precautions that are being taken by WoTeKi, Inc. to help prevent the spread of COVID. I further understand that eliminating all chances of my child being exposed to COVID is impossible and will not hold WoTeKi, Inc., its agents, and employees responsible in the event that my child should get ill at camp.

XParent signature _____