

# “Trails to Travel: A WoTeKi Adventure” June 19 - 25

Bring your favorite shirts from adventures you’ve had - maybe a t-shirt from Disneyland, a sweatshirt from Alaska, a cap from Lagoon, etc.



## Camp WoTeKi 2022

\$190 per person

**General camp program** - Youth entering grades 1st - 12th

-Or-

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

[campwoteki.com](http://campwoteki.com)



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

\* \* \* \* \*

Transportation - **Pick up /Drop off points have changed!**

**Mountain Home, ID**

**June 19 @ 1:00pm** / June 25 @ 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 19 @ 3:00pm** / June 25 @ 10:00am

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

**Wells, NV**

**June 19 @ 11:45am (PST)** / June 25 @ 11:15am (PST)

Flying J

### 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, the balance due and a medical form. Balance **must be paid in full by June 10** 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](mailto:campwoteki@gmail.com)

**Merchandise orders will be placed on June 4** to ensure their arrival in time for camp.

Registrations will be accepted after June 10 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 1st-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

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

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

to camp: Mountain Home, ID      Twin Falls, ID      Wells, NV

to home: Mountain Home, ID      Twin Falls, ID      Wells, NV

**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.

**X**Parent signature \_\_\_\_\_