



2010 Ice Climbing Trip Registration Form

Feb 18-21, 2010 Minnesota's North Shore
HIGH SCHOOL AND COLLEGE AGE STUDENTS

Complete both sides of this form and mail OR fax (DO NOT DO BOTH) with payment to:
Camp Shamineau, PO Box 244, Motley MN 56466-0244 ~ Phone (218)575-2240 ~ Fax (218)575-2371
PLEASE KEEP A COPY FOR YOUR OWN RECORDS

Participant Information

Formal First Name: _____ Nickname: _____ Last Name: _____
Camper's Home Address: _____
City: _____ State: _____ Zip: _____
Custodial Parent's or Guardian's Full Name: _____ Spouse: _____
Home Phone: (____) _____ Day Phone: (____) _____ Cell (____) _____
E-mail Address: _____
Grade Completed by June '10: _____ Male Female Date of Birth: ____/____/____
Church Name: _____ City: _____ State: _____
These people may pick my child up at the end of the trip: _____

Cost Worksheet

Trip Fee Includes:

Travel, Lodging, Meals & Equipment

Trip FEE:	\$120	\$	_____
<input type="checkbox"/> Group Picture (\$5)		\$	_____
<input type="checkbox"/> Trip DVD (\$10)		\$	_____
TOTAL FEES:		\$	_____
Amount Enclosed		\$	_____

All registrations require full payment. Cancellations made by February 4, 2010 will be refunded less a \$50 processing fee. Cancellations after this date or no-shows will not receive a refund. If the camper is unable to come, please contact Camp as soon as possible.

Amount Enclosed

~Payment by check is preferred~

Payment Type: Check ____ Credit Card ____

Check #: _____ Amount: _____

Visa Mastercard Discover

Card #: _____

Exp. Date: ____/____ Sec # ____ Amount: _____

Signature: _____

Please print name/phone number of cardholder if other than above:

We will leave from Camp Shamineau at 5:00 PM on February 18th.

2010 Ice Climbing Trip Medical Information (17 years and under) Release Form

Camper's Full Name: _____ Male Female

Date of Birth: ____/____/____ Grade: _____ Custodial Parent/Guardian's Full Name: _____
(Grade completed as of June '10)

Camper's Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Day Phone: (____) _____ Cell: (____) _____

To be filled out and signed by Custodial Parent or Guardian:

Policy Holder's Name: _____ DOB ____/____/____ Address _____
If different than above

Health Ins. Company: _____ Policy #: _____ Group #: _____
(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.)

Health Concerns: Asthma Heart Epilepsy Allergies Other: _____

If any of the above concerns were checked, please explain: _____

If your child is on medications, list medicines being used and why: _____

Are your child's immunizations up to date? Yes No Date of last Tetanus ____/____/____

Emergency Contact: Name: _____ Phone: (____) _____
(Other than parent)

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, swimming, the blob, skateboarding and roller blading, climbing the ice tower or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in both physical or emotional injury, paralysis, death or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. In consideration of my family's participation in Shamineau Ministries programs and activities, I hereby release and discharge, indemnify and hold harmless Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from my own or my family members' participation in Shamineau Ministries activities. In the event of an illness, injury or emergency, I hereby authorize Shamineau Ministries staff to secure proper medical treatment for myself or my family members including transportation and hospitalization, if necessary. I authorize Shamineau Ministries to use photos or videos taken of myself or my family members at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.

(Signature of Parent or Guardian)

(Date)

2010 Ice Climbing Trip Camper (age 18 years and older) Release Form

First Name: _____ Last Name: _____

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(Signature of Self (if adult))

(Date)