

## 2010 Camp Shamineau Summer Registration Form

Complete registration AND health 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**  
 Financial Assistance and Payment Plans are available! Contact us for more information.

### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
 Camper's Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Grade Completed by June 2010 \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 1<sup>st</sup> Summer:  Yes  No  
 Custodial Parent's or Guardian's Full Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Parent's E-mail Address: \_\_\_\_\_ (for confirmation information)  
 Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 These people may pick my child up at the end of camp/trip: \_\_\_\_\_

**Camp Week : If your first choice is full, you will automatically be placed in the 2nd choice.**

First Choice: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Second Choice: \_\_\_\_\_ Dates: \_\_\_\_\_  
 I wish to bunk with: \_\_\_\_\_ or \_\_\_\_\_  
 (Please list only two. We will not guarantee placement of more than one or two friends together.)

### Cost Worksheet

**CAMP FEE:** \$ \_\_\_\_\_

**Super Discount price must be paid in full by March 1, 2010**  
**Early Bird Discount price must be paid in full by April 1, 2010**

- Bus Transportation (please indicate)
  - To Camp  From Camp  Round Trip
  - One-Way (\$30) Round Trip (\$50) \$ \_\_\_\_\_
- Cabin Picture (\$5) \$ \_\_\_\_\_
- Camp DVD (\$10) \$ \_\_\_\_\_
- Ropes Course Skills Class (\$50) \$ \_\_\_\_\_
- Care Package (\$20) \$ \_\_\_\_\_
- Scholarship Donation \$ \_\_\_\_\_
- TOTAL FEES:** \$ \_\_\_\_\_

#### DISCOUNT/PAYMENTS

- Family Discount \$ \_\_\_\_\_
- Church Payment \$ \_\_\_\_\_
- Church Name: \_\_\_\_\_
- Other (specify: \_\_\_\_\_) \$ \_\_\_\_\_
- TOTAL CREDITS:** \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_  
**(Minimum deposit required is \$125)**

**REMAINING BALANCE DUE:** \$ \_\_\_\_\_

The remaining balance is due 2 weeks before the start of your camp session. REFUND POLICY: Cancellations made 2 or more weeks before the first day of your camp session – full refund minus a \$50 cancellation fee. Cancellations made less than 2 weeks before the first day of your camp session – no refund.

Sign Here!

### Amount Enclosed

~Payment by check is preferred~

Payment Type:  
 Check #: \_\_\_\_\_  Visa  Mastercard  Discover  
 Amount: \_\_\_\_\_ Card # \_\_\_\_\_  
 Exp. Date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_  
 Signature: \_\_\_\_\_

### Acknowledgement of Risk, Medical and Media Release

I/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.

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

\_\_\_\_\_  
 Date

# 2010 Camp Shamineau Medical Information

Please complete, sign, return with registration form and include copies of both sides of camper's insurance card.

Camper's Full Name: \_\_\_\_\_  Male  Female Camp Session: \_\_\_\_\_  
(e.g. Voyager 2, Tenderfoot 1,...)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Custodial Parent/Guardian's Full Name: \_\_\_\_\_

Camper's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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

If your child has any significant health issues or newly developed concerns that warrant a doctor's examination, please bring a report signed by a licensed physician, detailing care and/or limitations.

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.)

COPY OF BOTH SIDES OF INSURANCE CARD  
Our local clinic requires a copy of your child's insurance card should they need medical attention.

Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any diagnosed illnesses or issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medications, including doses, are used to treat the above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any side effects of his/her medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Medications brought by campers must be placed in a zipper locked bag and clearly marked with the camper's name.** Please bring two inhalers—one to leave with the medical staff and one for your child to keep.

Precautions that should be observed in active camp life: \_\_\_\_\_  
\_\_\_\_\_

Are your child's immunizations up to date?  Yes  No Date of last Tetanus \_\_\_/\_\_\_/\_\_\_  
(State law requires that all campers be fully immunized as for school.)

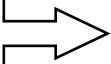
My child is not immunized due to my conscientious objection:  Yes

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(Other than parent and numbers listed previously)

I authorize the Shamineau Ministries staff to administer over the counter medications appropriate to my child's symptoms/age/weight.  Yes  No

I hereby authorize the Shamineau Ministries staff to secure medical treatment for my child if necessary.

**Don't forget to sign!**



\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

	Basic Info		PAID IN FULL			Times		Availability				
	Grades 2009- 2010	Dates	Super Discount if PAID IN FULL by March 1	Early Bird Discount if PAID IN FULL by April 1	After April 1	Check In	Check Out	Ropes Skills Class	Bus	Cabin Picture	DVD	Care Pkg
<b>CLASSIC CAMPS</b>	Trailblazer and Voyager camps are offered each camp week this summer!											
3 Night Tenderfoot 1	1-2	June 20-23	\$185	\$190	\$197	4:00 PM	11:00 AM	NA	NA	\$5	NA	\$20
2 Night Tenderfoot 2	1-2	June 23-25	\$175	\$180	\$187	4:00 PM	2:00 PM	NA	NA	\$5	NA	\$20
3 Night Tenderfoot 3	1-2	July 11-14	\$185	\$190	\$197	4:00 PM	11:00 AM	NA	NA	\$5	NA	\$20
2 Night Tenderfoot 4	1-2	July 14-16	\$175	\$180	\$187	4:00 PM	2:00 PM	NA	NA	\$5	NA	\$20
3 Night Tenderfoot 5	1-2	August 8-11	\$185	\$190	\$197	4:00 PM	11:00 AM	NA	NA	\$5	NA	\$20
Trailblazer 1	3-5	June 20-25	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 2	3-5	June 27-July 2	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 3	3-5	July 11-16	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 4	3-5	July 18-23	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 5	3-5	July 25-30	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 6	3-5	August 1-6	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Trailblazer 7	3-5	August 8-13	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 1	6-8	June 20-25	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 2	6-8	June 27-July 2	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 3	6-8	July 11-16	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 4	6-8	July 18-23	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 5	6-8	July 25-30	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 6	6-8	August 1-6	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Voyager 7	6-8	August 8-13	\$325	\$345	\$355	4:00 PM	2:00 PM	\$50	\$30/50	\$5	\$10	\$20
Senior High	9-12	July 7-11	\$159	\$179	\$189	7:00 PM	11:00 AM	NA	NA	\$5	\$10	NA
<b>HORSE CAMPS</b>												
Cowboy Camp 1	6-9	June 20-25	\$474	\$479	\$489	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Cowboy Camp 2	6-9	July 25-30	\$474	\$479	\$489	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Rawhide	9-12	July 18-21	\$280	\$285	\$295	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Cowpoke 1	3-5	June 27-Jul 2	\$432	\$437	\$447	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Cowpoke 2	3-5	July 18-23	\$432	\$437	\$447	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Cowpoke 3	3-5	August 8-13	\$432	\$437	\$447	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Ranch Hand 1	6-8	July 11-16	\$474	\$479	\$489	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Ranch Hand 2	6-8	August 1-6	\$474	\$479	\$489	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
<b>TRIPS</b>												
Taylor's Falls Climb 1	6-9	June 21-23	\$127	\$137	\$147	2:00 PM	10:00 AM	NA	NA	\$5	NA	NA
Taylor's Falls Climb 2	9-12	July 9-11	\$127	\$137	\$147	2:00 PM	10:00 AM	NA	NA	\$5	NA	NA
Taylor's Falls Climb 3	6-9	July 11-16	\$265	\$275	\$285	4:00 PM	9:00 PM	NA	NA	\$5	NA	NA
Colorado Climb	9-12	August 1-6	\$355	\$365	\$375	6:00 AM	9:00 PM	NA	NA	\$5	NA	NA
Pillsbury Horse Trip	8-12	August 15-19	\$479	\$489	\$499	4:00 PM	5:00 PM	NA	NA	\$5	NA	NA
<b>ADVENTURE CAMPS</b>												
Intermediate Island 1	4-6	June 27-July 2	\$267	\$287	\$297	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Intermediate Island 2	4-6	July 25-30	\$267	\$287	\$297	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Jr High Island 1	7-9	July 18-23	\$267	\$287	\$297	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Jr High Island 2	7-9	August 1-6	\$267	\$287	\$297	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Trailblazer Skateboard	3-5	June 20-25	\$325	\$345	\$355	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Voyager Skateboard	6-8	June 27-July 2	\$325	\$345	\$355	4:00 PM	2:00 PM	NA	\$30/50	\$5	\$10	\$20
Wakeboard 1	6-10	July 25-28	\$345	\$365	\$375	7:00 PM	12:00 PM	NA	NA	\$5	\$10	NA
Wakeboard 2	10- college	July 28-31	\$345	\$365	\$375	7:00 PM	12:00 PM	NA	NA	\$5	\$10	NA