

# WINTER WIPEOUT 2010 REGISTRATION FORM



Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Circle one of the following:**

Winter Wipeout #1  
January 15-17  
Jr. & Sr. High

Winter Wipeout #2  
January 22-24  
Jr. & Sr. High

Winter Wipeout #3  
January 29-31  
Jr. & Sr. High

<b>Student Costs:</b>	<b>\$ 99.00</b>
<b>Guest Student Cost:</b>	<b>\$ 49.00</b>
<b>Leader Costs:</b>	<b>\$ 79.00</b>
<b>*Extra Leader Costs*:</b>	<b>\$ 99.00</b>

**Please note:**

\*We offer a discounted price of \$79 to leaders, at the ratio of 1 leader to 7 students. If you have a higher ratio of leaders to students, the additional leaders will be charged the extra leader cost.

**# of female students:** \_\_\_\_\_ **# male students:** \_\_\_\_\_ **Total #:** \_\_\_\_\_  
**# of female leaders:** \_\_\_\_\_ **# male leaders:** \_\_\_\_\_ **Total #:** \_\_\_\_\_

**Please note:** Do NOT overestimate your numbers as other youth groups may have to be turned away due to space. **You must call or e-mail in your final numbers to Sandy at 1-800-305-8118 x205 or [sandy@shamineau.org](mailto:sandy@shamineau.org) no later than two weeks prior to your Winter Wipeout start date.** If you wish to add to the number within the two weeks prior to your start date, please call to confirm there is still room available before promising anything.

**Cost Worksheet:**

Number of students _____ multiplied by \$ 99.00	\$ _____
Number of guest students _____ multiplied by \$ 49.00	\$ _____
Number of leaders _____ multiplied by \$ 79.00	\$ _____
Number of extra leaders _____ multiplied by \$ 99.00	\$ _____
<b>Total Cost:</b>	<b>\$ _____</b>
<b>A \$30.00 per person non-refundable deposit is required at the time of registration.</b>	
Registration deposit: Total # _____ multiplied by \$ 30.00	- \$ _____
<b>Amount due at check-in:</b>	<b>\$ _____</b>

Registrations can either be mailed or faxed. All payments (deposits & final) must be made by check only. If you fax in your registration, a check must be received within seven days of the fax. If the check is not received in seven days, your registration will be set aside and your spaces forfeited until we receive payment.

**A completed release form for each camper and leader must be received at check-in in order for an individual to be allowed to attend.**

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## 2010 Winter Wipeout Camper (17 years and under) Release Form Medical Information

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Gender: (circle one) Male / Female Parent or Guardian's Full Name: \_\_\_\_\_

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

To be filled out and signed by 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.

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

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?: \_\_\_\_\_

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.)

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Acknowledgement of Risk, Medical and Media Release

I have chosen to allow my child 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, swimming, the blob, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, skateboarding and rollerblading, climbing the ice tower, or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in 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. I hereby authorize the Shamineau Ministries staff to secure medical treatment for my child if necessary. I am aware that photos/videos may be taken at camp and I further authorize the camp to use these for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations. **\*\*I hereby authorize the medical staff to administer over the counter medications appropriate to my child's symptoms/age/weight. Yes \_\_\_\_\_ No \_\_\_\_\_**

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

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

## 2010 Winter Wipeout Leader/Camper (age 18 years and older) Release Form Individual Covered by this release:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Acknowledgement of Risk, Medical and Media Release

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\_\_\_\_\_  
(Signature of Self (if adult))

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