

# 2011 Camp Shamineau & Rock Ridge Family Camp Registration Form

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

**Event:** (please check one)

- Memorial Day Weekend (May 27-30, 2011)  
 July 4<sup>th</sup> Family Camp (July 1-5, 2011)  
 Family Camp Weekend (July 8-10, 2011)  
 Rock Ridge July 4<sup>th</sup> Family Camp (July 1-5, 2011)

If registering for multiple events, please submit a separate form for each event.

## Important Registration Information

- All campers **MUST** be pre-registered. No unregistered guests.
- Price adjustments/reimbursements are **NOT** given for partial stays/missed meals.
- **Absolutely NO** pets, drugs, alcohol, firearms or fireworks are allowed.

## Family Information (family unit – up to 5 people)

Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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

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

E-mail : \_\_\_\_\_ Church you attend and city: \_\_\_\_\_

Child's full name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Child's full name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Child's full name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

## Additional Children/Campers

Remember to include full address and phone on separate sheet if not residing at family address listed above.

Full Name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Full Name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

## 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)

# 2011 Camp Shamineau & Rock Ridge Family Cost Worksheet

**Camp Shamineau Housing**  
 Please number in order of preference.

- Oak Hollow** (meal plan required)
- Poplar Ridge** (meal plan required)
- Ponderosa** (meal plan required)
- Thorwall** (meal plan required, not available 4<sup>th</sup> of July & Family Weekend)
- Lakeview Cabin**
- Skyview Cabin**
- Ridge Cabin**
- Campground**  
*(all campsites have water and electricity)*
  - Tent**
  - Pop Up**
  - Trailer** \_\_\_\_\_ **ft**  
*(If longer than 30', please call for availability)*
  - Motorhome** \_\_\_\_\_ **ft**  
*(If longer than 30', please call for availability)*

**Rock Ridge Housing**

**Cabin**  
 (Meal plans optional)

**Camping sites available**  
 (call 218-575-2240 or 218-235-9508 for camping options)

All registrations require a \$125 non-refundable deposit. REFUND POLICY: Cancellations made 2 or more weeks before the first day of your camp session – full refund except \$50. Questions? Please call the camp office.

## Family Camp Cost Calculation

Housing Fee <i>(Reminder: Family unit is up to 5, children 0-3 yrs FREE)</i>	\$ _____
Additional Campers # _____ x \$ _____	\$ _____
Adult Meals # of adults _____ x \$ _____	\$ _____
Child (4-12) Meals # of children _____ x \$ _____	\$ _____
Children 3 and under eat FREE!	
<b>Meal Plans:</b> All meals are served "All You Can Eat" buffet style. Please check one:	
<input type="checkbox"/> <b>Brunch &amp; Supper</b>	
<input type="checkbox"/> <b>Brunch Only</b>	
<input type="checkbox"/> <b>Supper Only</b>	
<input type="checkbox"/> <b>No Meals</b>	
Family Picture (\$5)	\$ _____
Family Camp DVD (\$10) Camp Shamineau only	\$ _____
<b>TOTAL DUE:</b>	<b>= \$ _____</b>
Amount Enclosed (MINIMUM: Deposit \$125)	\$ _____
<b>REMAINING BALANCE DUE :</b>	<b>\$ _____</b>

All remaining balances due are required two weeks prior to the start of your family camp session.

**Payment Method for Amount Enclosed**  
*Payment by check is preferred*

CHECK    Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

CREDIT CARD     Visa     MasterCard     Discover    Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*For Office Use Only*

Initial \_\_\_\_\_

Date \_\_\_\_\_

Building \_\_\_\_\_

