

2011 Camp Shamineau & Rock Ridge 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 2011 _____ Date of Birth: ____/____/____ 1st 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: \$ _____

- Bus Transportation
 - To Camp From Camp Round Trip
 - One-Way (\$30) Round Trip (\$50) \$ _____
- Cabin Picture -\$5 \$ _____
- Camp DVD -\$10 \$ _____
- Care Package (\$20) \$ _____
- Ropes Course Skills Class (\$35) \$ _____
- Scholarship Donation \$ _____
- CAMPER SPENDING MONEY DEPOSIT** \$ _____

TOTAL FEES: \$ _____

DISCOUNT PAYMENTS

- Paid in Full by 3/1/2011 (\$25 discount) \$ _____
- Paid in Full by 4/1/2011 (\$15 discount) \$ _____
- Family Discount
 - 1st child full price, 2nd-\$25 off, 3rd-\$50 off,
 - 4th-\$75 off, 5th-\$100 off \$ _____
- Church Payment \$ _____
 - Church Name: _____
- Other (specify: _____) \$ _____
- TOTAL CREDITS:** \$ _____

TOTAL DUE: \$ _____

Amount Enclosed \$ _____

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.



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 have chosen to allow my child to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the 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 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 family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for my child if necessary. I authorize the camp to inform our church of any spiritual decision made by my child. I am aware that photos/videos may be taken of my child at camp and I further authorize the camp to use these for Shamineau promotional purposes. At no time will camp photos/videos be used by unrelated organizations.

Parent/Guardian Signature

Date

2011 Camp Shamineau & Rock Ridge 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.)

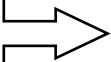
My child is not immunized due to my conscientious objection: Yes

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)