



WIT Clinic Registration Form

March 10-12, 2017

Complete both sides of this form and mail with full payment to:
Camp Shamineau, PO Box 244, Motley MN 56466-0244 ~ Phone (218)575-2240
PLEASE KEEP A COPY FOR YOUR OWN RECORDS

Camper Information

First Name: _____ 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 2017: _____ Male Female Date of Birth: ____/____/____

Church Name: _____ City: _____

These people may pick my child up at the end of the clinic: _____

Add'l Clinic Info

NOTE: Attendance does not guarantee a summer position.

Clinics include:

- At least 2 riding lessons
- 1 trail ride
- Meet other potential summer staffers
- Learn the ropes of the job

Topics include:

- Typical summer ranch camp day
- Staff responsibilities
- Expectations
- Basic horsemanship

Must have finished 8th grade by June 2017.

Riding Experience Information

Age: _____ Height: _____ Weight: _____

Do you own a horse? Yes No

Have you participated in any of the following?

Riding Lessons

English Western

Length of time attended: _____

Explain content: _____

Horse Camp

Shamineau Previous week(s) attended: _____

Other, please specify: _____

When/length of time attended: _____

Trail Riding Where? _____ # of times: _____

Payment (Cost: \$50 per person)

PAYMENT

Check # _____ enclosed for \$ _____

*****This form is available only to those paying by check. To register with a credit card please go to our website, www.shamineau.org and register online.

All registrations require full payment with registration.

WIT Clinic Medical Information

Camper's Full Name: _____ Male Female Grade: _____

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.)

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 effect of the medication? _____

NOTE: Medications brought by campers must be placed in a zipper-locked bag and clearly marked with the camper's name.

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: (____) _____
(Other than parent and numbers listed previously)

Camp Shamineau Release and Waiver of Liability Agreement, Medical and Media Release

I have chosen to allow myself/my child/my family members 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, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or 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 to the fullest extent permitted by law, 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 myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and also report any unsafe conditions that I may encounter to a responsible party.

Signature (if adult) or Parent/Guardian if under 18 yrs. old

Date

Printed Name