

2009 Rock Ridge Father/Son Fishing Weekend

Friday, May 22 thru Monday, May 25

REGISTRATION FORM

Dad's Last Name _____ First Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone _____ Church you attend, and city _____

Child's full name _____ Grade _____ Date of birth _____

Child's full name _____ Grade _____ Date of birth _____

Child's full name _____ Grade _____ Date of birth _____

Child's full name _____ Grade _____ Date of birth _____

If children are coming with you that do not live in your household, include their parents' names, address & phone.

Please house us with or near _____

Note: We will do our best to accommodate housing requests. Housing assignments are made to maximize experience and usage of space. Housing is at the discretion of the Registrar.

Pricing:

Adults (age 14 & up): \$110 per person x _____ = _____

Children (ages 8 - 13): \$90 per person x _____ = _____

Total Due = _____

Full payment is due with registration. Cancellations made on or before May 8, 2009 will be refunded all but \$25.00 per person. No refund for cancellations made after that date. For financial assistance and payment plan options, please contact us.

Indicate Payment Here *(check is preferred by camp!!)*

Check # _____ Enclosed for \$ _____

Charge Amount to charge \$ _____ Visa MasterCard Discover

Card # _____ Exp Date ____/____ Security Code _____

Signature _____

Name and address of cardholder, if different than above: _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend Rock Ridge in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Rock Ridge (including but not limited to swimming, rock climbing, hiking, low ropes course elements, sauna, archery, canoe trips, rope swing, (rifery, etc.) 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 Rock Ridge, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Rock Ridge staff to secure medical treatment for myself or my family members if necessary. I further authorize the camp to use photos or videos taken of myself or my family at camp for Rock Ridge or Shamineau Ministries promotional purposes. At no time will camp photos/videos be used by unrelated organizations.

(Signature of Parent or Guardian)

(Date)

Please complete form and mail or fax with FULL payment to:

Camp Shamineau PO Box 244 Motley, MN 56466 Phone#218-575-2240 Fax #218-575-2371