



2010 WIT Clinic Registration Form March 19-21 2010

Complete both sides of this form and mail OR fax (DO NOT DO BOTH) with full 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

Camper Information

First Name: _____ Nickname: _____ 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 2010: _____ 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 be at least 14 years of age by June 1, 2010 to participate.

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 Method (Cost: \$95 per person)

CheckPayment by check is preferred**** Check #: _____ Amount: \$ _____

Credit Card Visa MasterCard Discover Amount: \$ _____

Card #: _____ Exp. Date: ____/____ Security #: _____

Signature: _____

Please print name/phone number of cardholder if other than above: _____

All registrations require full payment with registration. Cancellations made by February 12, 2010 will be refunded less a \$30 processing fee. Cancellations after this date or no-shows will not receive a refund. If the camper is unable to come, please contact Camp as soon as possible.

2010 WIT Clinic 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 Grade: _____
(Grade completed as of 6/24/10)
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.)

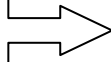
Emergency Contact: Name: _____ Phone: (____) _____
(Other than parent and numbers listed previously)

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.

I hereby authorize the Shamineau Ministries staff to administer over the counter medications appropriate to my child's symptoms/age/weight. Yes No

Don't forget to sign!



(Signature of Parent or Guardian)

(Date)



PO Box 244 Motley MN 56466 (218) 575-2240