



Retreat46 2017 REGISTRATION FORM

Church Name: _____

Church Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone: _____

Contact Email: _____

Retreat46 #1
March 31 – April 2

Retreat46 #2
April 7-9

Steps to Register:

1. Fill in the top portion of this form and circle the weekend you would like to attend.
2. Fill in the number of spaces for students and leaders you want to reserve.
3. Sign the bottom of the form and mail or fax to Camp Shamineau.

Fax: 218-575-2371

Mailing Address: PO Box 244, Motley, MN 56466

Student Costs: \$ 75.00 per student
Leader Costs: 1 Free leader for every 7 students
Additional leaders - \$75

Of Students: _____ **# Of Leaders:** _____ **Total #:** _____

All payments are by check only.

Final numbers broke down by males and females are due in the camp office 10 days prior to your arrival.

Questions? Email sandy@shamineau.org or call 218-575-2240.

Signature: _____ **Date:** _____

A completed release form for each camper and leader must be received at check-in in order for an individual to be allowed to attend.

Name of Church Group _____

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

Retreat46 Release Form

Medical Information – for campers 17 yrs. and younger

Camper's Full Name: _____ Date of Birth: ____/____/____ Grade: _____

Gender: (circle one) Male / Female Parent or Guardian's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Day Phone: (____) _____ Cell: (____) _____ Email: _____

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To be filled out and signed by 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.

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 effects of his/her medications?: _____

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: (____) _____

Release & Waiver of Liability Agreement/Medical & Media Release Form

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.

Adult Signature/Parent or Guardian

Date

Print Signature

Retreat46 Leader (age18 years and older) Release Form

Individual covered by this release:

Last Name: _____ First Name: _____

Address: _____ City : _____

State: _____ Zip: _____ Phone: _____

Email: _____

Church: _____

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