

2017 Camp Shamineau Summer Registration Form

Complete registration AND medical information form and mail with payment to:
Camp Shamineau, PO Box 244, Motley MN 56466-0244 ~ Phone (218) 575-2240 ~ Fax (218) 575-2371

Camper Information

First Name: _____ Last Name _____
 Male Female Date of Birth: ____/____/____ Grade completed by June 15, 2017 _____
 Home Address _____ City/State/Zip _____
 Custodial Parent's or Guardian's Full Name: _____ Spouse: _____
 Home Phone: (____) _____ Cell (____) _____
 Parent's E-mail Address: _____ (for confirmation)
 Church Name: _____ City: _____ State: _____
 These people may pick my child up at the end of camp: _____
 Buddies: I wish to bunk with _____ or _____
 Please list only two. We will not guarantee placement of large groups together.

Camp Choice - Camps are set up by the grade attended in the 2016-2017 school year.

Summer Camp Session 1 June 18-23

- Trailblazer 1 (grades 3-5) - \$324
- Cowpoke 1 (grades 3-5) - \$425
- Intermediate Island 1 (grades 4-6) - \$299

Summer Camp Session 1A June 18-21

- Tenderfoot 1A (grades 1-2) \$198 3 Nights

Summer Camp Session 2 June 25-30

- Trailblazer 2 (grades 3-5) - \$359
- Voyager 2 (grades 6-8) - \$359
- Ranch Hand 1 (grades 6-8) - \$499
- Jr High Island 1 (grades 7-9) - \$299

Summer Camp Session 2A June 25-28

- Tenderfoot 2A (grades 1-2) - \$198 3 Nights

Summer Camp Session 2B June 28-30

- Tenderfoot 2B (grades 1-2) - \$154 2 Nights

Summer Camp Session 3 July 2-5 3 Nights

- Trailblazer 3 (grades 3-5) - \$215
- Voyager 3 (grades 6-8) - \$215
- Cowpoke 2 (grades 3-5) - \$255
- Intermediate Island 2 (grades 4-6) - \$180
- Tenderfoot 3A (grades 1-2) - \$198

Summer Camp Session 4 July 9-14

- Trailblazer 4 (grades 3-5) - \$359
- Voyager 4 (grades 6-8) - \$359
- Junior High Island 2 (grades 7-9) - \$299
- Cowpoke 3 (grades 3-5) - \$425

Summer Camp Session 4A July 9-12

- Tenderfoot 4A (grades 1-2) - \$198 3 Nights

Summer Camp Session 5 July 16-21

- Trailblazer 5 (grades 3-5) - \$359
- Voyager 5 (grades 6-8) - \$359
- Cowboy Camp (grades 6-9) - \$499
- Intermediate Island 3 (grades 4-6) - \$299
- Voyager Wakeboard 1 (grades 6-9) - \$399

Summer Camp Session 5A July 16-19

- Tenderfoot 5A (grades 1-2) - \$198 3 Nights

Summer Camp Session 6 July 23-28

- Trailblazer 6 (grades 3-5) - \$359
- Voyager 6 (grades 6-8) - \$359
- Cowpoke 4 (grades 3-5) - \$425
- Jr High Island 3 (grades 7-9) - \$299
- Voyager Wakeboard 2 (grades 6-9) \$399
- Encounter (grades 9-12) - \$299

Summer Camp Session 7 July 30-August 4

- Trailblazer 7 (grades 3-5) - \$359
- Voyager 7 (grades 6-8) - \$359
- Ranch Hand 2 (grades 6-8) - \$499
- Intermediate Island 4 (grades 4-6) - \$299
- Venture Camp (grades 8-10) - \$359

Summer Camp Session 8 August 6-11

- Trailblazer 8 (grades 3-5) - \$359
- Voyager 8 (grades 6-8) - \$359
- Pillsbury Horse Trip (grades 8-12) - \$499

Summer Camp Session 8A August 6-9

- Tenderfoot 8A (grades 1-2) - \$198 3 Nights
- Cowpoke 5 (grades 3-5) - \$255 3 Nights

Summer Camp Session 8B August 9-11

- Tenderfoot 8B (grades 1-2) - \$154 2 Nights

EXTRAS:

- Bus Transportation: To Camp (\$35) From Camp (\$35) Round Trip (\$65)
Bus Transportation not available for Tenderfoot Camps
- Care Package (\$20) - not available for Horse Trip or Venture Camp
- Ropes Course Skills Class (\$35) - only available for Trailblazers or Voyagers

Tenderfoot campers are limited to no more than \$15 in spending money.

DISCOUNTS

- Paid in Full by 4/1/2017**(\$20 discount) \$ _____
- Family Discount-1st child full price, \$25 off of 2nd child, \$50 off of 3rd child, etc. \$ _____
- Fee paid by your church: _____
 Church Name: _____

Cost Worksheet

CAMP FEE : \$ _____

EXTRAS: \$ _____

CAMPER SPENDING MONEY \$ _____

TOTAL CHARGES: \$ _____

TOTAL DISCOUNTS: \$ _____

BALANCE DUE: \$ _____

Amount Enclosed: \$ _____

A minimum deposit of \$125 is required. Balance due 2 weeks prior to your camp session.

Medical Information

Camp Session _____

PO Box 244 Motley, MN 56466 218-575-2240 FAX: 218-575-2371

Please complete, sign and return with registration form. The following must be filled out & signed by the Custodial Parent or Guardian. PLEASE PRINT

Camper's First Name _____ Last Name _____

Date of Birth _____ Male Female (circle one)

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Day Phone _____

ALLERGIES/ASTHMA/OTHER CONDITIONS:

Food Allergy? _____ Severity: _____ Insect Allergy? _____ Severity: _____

I carry an: ___ Epipen ___ Inhaler Reason: _____

MEDICAL ALERTS: Non-Food Allergies, Activity Restrictions (Give Details)

Arrangements for campers to carry inhalers/epipens will be made at check in with the camp nurse or other designated staff. Label all inhalers/epipens with the camper's name in permanent marker. Bring 2 inhalers - one for your camper to carry, the other to leave with the medical staff.

DESCRIBE ANY OTHER DISORDERS OR DISABILITIES WE NEED TO BE AWARE OF: _____

Please list medications the camper is taking below. Be specific and add additional paper as needed for instructions.

Medication	Dose	When is it taken?	What is it prescribed for?

CAMPER'S MEDICAL INSURANCE INFORMATION:

Medical Insurance Company: _____ Ins Company Phone #: _____

Policy # _____ Group # _____

ALTERNATE CONTACT DATA

Contact Data	Parent/Guardian	Secondary Contact
Full Name		
Home Phone		
Cell Phone		
Relationship		

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.

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



Signature of Parent/Guardian if camper under 18 yrs. old

Date

Printed Name