

2010 Rock Ridge Family Camp Registration Form

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

Event: (please check one)

- Family Camp (July 4-9, 2010)**
 Family Camp (July 18-23, 2010)
 Family Camp (July 23-25, 2010)

Important Registration Information

- All campers **MUST** be pre-registered. No unregistered guests.
- If any camper in your party does not reside at the Family Address listed, include their full address and phone number on a separate sheet of paper.
- Additions to the original registration form are required *at least 2 weeks prior*. Call for availability first!!
- Price adjustments/reimbursements are **NOT** given for partial stays/missed meals.
- Absolutely **NO** pets, drugs, alcohol, firearms or fireworks are allowed.

Family Information (family unit – up to 6)

Last Name: _____ Father: _____ Mother: _____

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

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

E-mail : _____ Church you attend and city: _____

Child's full name _____ Male Female Birth date _____

Child's full name _____ Male Female Birth date _____

Child's full name _____ Male Female Birth date _____

Child's full name _____ Male Female Birth date _____

Additional Children/Campers

Remember to include full address and phone on separate sheet if not residing at Family Address listed above.

Full Name _____ Male Female Birth date _____

Full Name _____ Male Female Birth date _____

Full Name _____ Male Female Birth date _____

Full Name _____ Male Female Birth date _____

Full Name _____ Male Female Birth date _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Rock Ridge Camp and Outfitters programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Rock Ridge Camp and Outfitters (including but not limited to rock climbing, hiking, swimming, water activities, low ropes course elements, riflery, canoeing, sauna, archery) 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 Camp and Outfitters, 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 Camp and Outfitters staff to secure medical treatment for myself, or my family if necessary. I am aware that photos/videos may be taken at camp, and further authorize the camp to use these for Rock Ridge Camp and Outfitters promotional purposes. At no time will camp photos/videos be used by unrelated organizations.

(Signature of Parent or Guardian)

(Date)

Please complete both sides.

