

2010 Rock Ridge Summer Registration Form

Complete registration AND health 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
 Financial Assistance and Payment Plans are available! Contact us for more information.

Camper Information

First Name: _____ Last Name: _____ Male Female
 Camper's Home Address: _____ City/State/Zip _____
 Grade Completed by June 2010 _____ Date of Birth: ____/____/____ 1st Summer: Yes No
 Custodial Parent's or Guardian's Full Name: _____ Spouse: _____
 Home Phone: (____) _____ Day Phone: (____) _____ Cell (____) _____
 Parent's E-mail Address: _____ (For initial confirmation notification)
 Church Name: _____ City: _____ State: _____
 These people may pick my child up at the end of camp/trip: _____

Camp Week : If your first choice is full, you will automatically be placed in the 2nd choice.

First Choice: _____ Dates: _____
 Second Choice: _____ Dates: _____
 I wish to bunk with: _____ or _____
 (Please list only two. We will not guarantee placement of more than one or two friends together.)

Cost Worksheet

CAMP FEE: \$ _____

Early Bird Rate not available after April 1, 2010

Van Transportation

To Camp From Camp Round Trip

One-Way (\$40) Round Trip (\$70) \$ _____

Cabin Picture (\$5) \$ _____

Scholarship Donation \$ _____

TOTAL FEES: \$ _____

DISCOUNT/PAYMENTS:

Church Payment \$ _____

Church Name: _____

Other (specify: _____) \$ _____

TOTAL CREDITS: \$ _____

TOTAL DUE: \$ _____

Amount Enclosed \$ _____

(Minimum deposit required is \$125)

REMAINING BALANCE DUE: \$ _____

Unless special arrangements have been made, remaining balance is due at least two weeks before the start of your camp session. All registrations require a \$125 non-refundable deposit. **REFUND POLICY:** Cancellations made 2 or more weeks before the first day of your camp session – full refund except the \$125 deposit. Cancellations made less than 2 weeks before the first day of your camp session – no refund. Questions? Please call the camp office.

Sign Here

Amount Enclosed

~Payment by check is preferred~

Payment Type:

Check #: _____ Visa Mastercard Discover

Amount: _____ Card # _____

Exp. Date: ____/____ Security Code _____

Signature: _____

Acknowledgement of Risk, Medical and Media Release

I have chosen to allow my child 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, low ropes course elements, riflery, water sports and activities, archery, sauna, canoeing, 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 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 my child if necessary. I authorize the camp to inform our church of any spiritual decision made by my child. I am aware that photos/videos may be taken of my child at camp and I further authorize the camp to use these for Rock Ridge promotional purposes. At no time will camp photos/videos be used by unrelated organizations.

Parent/Guardian Signature

Date

2010 Rock Ridge 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 Camp Session: _____

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.)

COPY OF BOTH SIDES OF INSURANCE CARD
Our local clinic requires a copy of your child's insurance card should they need medical attention.

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? _____

NOTE: Medications brought by campers must be placed in a zipper- locked bag and clearly marked with the camper's name. Please bring two inhalers—one to leave with the medical staff and one for your child to keep.

Precautions that should be observed in active camp life: _____

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.)

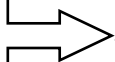
My child is not immunized due to my conscientious objection: Yes

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

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

I hereby authorize the Shamineau Ministries staff to secure medical treatment for my child if necessary.

Don't forget to sign!



(Signature of Parent or Guardian)

(Date)