

# 2017 Day Camp Registration Form

June 26-30

Cost: \$10/day (\$40 for the week)

## Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female

Camper's Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Grade Completed by June 2016 \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 1<sup>st</sup> Summer:  Yes  No

Custodial Parent's or Guardian's Full Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_ (for confirmation information)

Home Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

These people may pick my child from camp: \_\_\_\_\_

## Health Information

Health Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency contact if parent is not available: \_\_\_\_\_

Emergency Phone #: Cell \_\_\_\_\_ Work \_\_\_\_\_

List any activity restrictions and/or health problems relating to your child. Please give a description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at day camp. Attach an additional sheet if needed.

Return Form to Cornerstone EFC – 1500 18<sup>th</sup> St SE Owatonna

**Please mark the days this child will attend. Cost is \$10/day.**

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs # of days \_\_\_\_\_ x \$10 = Amount Due \_\_\_\_\_

Paid by  Cash  Check Check #: \_\_\_\_\_ Amount Enclosed: \_\$ \_\_\_\_\_

Scholarship Request: \_\_\_\_\_ Scholarship Approved by \_\_\_\_\_

## Acknowledgement of Risk, Medical and Media Release

I/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.

Sign Here!



Parent/Guardian Signature

Date