

Southwest Indian Ministry Camps (SIMC) Registration



2026 Fall CAMP OPTIONS

- Elementary Camp** – September 18-20, 2026 (*Ages 9–12*) – **Registration due before Sept 4, 2026**
- Teen Camp** – October 23-25, 2026 (*Ages 13–18*) – **Registration due before Oct 9, 2026**

Camp Locations:

Elementary September Camp: Camp Chapel Rock

Teen October Camp: Pinerock Camp & Retreat Center

CAMPER INFORMATION

Camper First & Last Name: _____

Gender: Male Female

Date of Birth: _____

Current Age: _____

Grade for 2026-27 School Year: _____

T-shirt Size (Adult sizes only): S M L XL XXL XXXL

Has camper attended SIMC Camp before? Yes No

Church Attending (if any): _____

Name of friend you are coming with: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Relationship to Camper: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Text #: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

Email: _____

PICK-UP / TRANSPORTATION AUTHORIZATION

Who is authorized to pick up this camper from camp?

1. _____
2. _____
3. _____

Transportation to and from camp:

I will be dropping off and picking up my child at the Christian Community Center (formerly known as the Southwest Indian Ministries Center) 14202 N 73rd Ave., Peoria, AZ 85381

will be dropping off and picking up my child at the Camp
Elementary Sept Camp: Chapel Rock (1131 Country Club Dr, Prescott, AZ 86303)
Teen Oct Camp: Pinerock (1400 Pine Dr., Prescott, AZ 86303)

Other: _____

MEDICAL INFORMATION

Health Insurance Company: _____ Phone #: _____

Policy Number: _____ Group Number: _____

Doctor's Name: _____ Doctor's Phone #: _____

ALLERGIES

Food Allergies? Yes No

If yes, explain: _____

Medication Allergies? Yes No

If yes, explain: _____

Bee Sting / Insect Allergies? Yes No

If yes, explain: _____

Seasonal Allergies? Yes No

HEALTH CONDITIONS

Asthma

Diabetes

Seizures

Heart Condition

ADHD

Other: _____

Recent illness/injury we should know about:

CURRENT MEDICATIONS

(All medications must be turned in at check-in in original containers.)

Medication Name / Dosage / Time Given / Reason Given

PERMISSION FOR AS-NEEDED MEDICATIONS

In addition to the medications listed above, I give permission for SIMC staff to give the following medications that I have marked to my child as needed, according to the appropriate age/weight dosing:

_____ Tylenol
_____ Ibuprofen
_____ Antacid
_____ Cough Drops
_____ Antibiotic Ointment
_____ Calamine Lotion
_____ Benadryl

CAMP EXPECTATIONS

I understand campers are expected to:

- Participate respectfully in chapel, lessons, and activities
- Follow staff instructions
- Stay with their assigned group
- Treat others kindly
- Respect camp property
- Avoid bullying, threats, or inappropriate behavior
- Keep electronics away during scheduled activities

Camper Signature: _____ Date: _____

PARENT / GUARDIAN AUTHORIZATION & RELEASE

I, the undersigned parent or legal guardian of the participant listed above, understand and agree to the following:

1. Permission to Participate

I give permission for my child to participate in camps, retreats, travel, recreation, games, sports, swimming, hiking, field trips, classes, worship services, challenge courses, ropes courses, climbing walls, zip lines, archery, paintball, kayaking, outdoor activities, and related supervised activities operated by or in cooperation with:

- Southwest Indian Ministry Camps (SIMC)
- World Gospel Mission (WGM)
- Arizona Nazarene Youth International (AZNYI)
- Camp Pinerock
- Chapel Rock Camp
- affiliated churches, ministries, volunteers, and partner organizations

2. Assumption of Risk

I understand participation may involve risks including, but not limited to, slips, falls, collisions, weather exposure, transportation incidents, illness, allergic reactions, emotional stress, equipment failure, actions of other participants, serious injury, disability, or death.

I knowingly and voluntarily assume the ordinary and inherent risks of participation on behalf of myself and my child.

3. Release of Liability

To the fullest extent permitted by Arizona law, I release, waive, discharge, and agree not to sue the organizations listed above, together with their officers, directors, churches, districts, missionaries, employees, staff, volunteers, agents, representatives, and property owners (“Released Parties”), for claims arising out of participation in activities, except for conduct prohibited by law.

I further agree to indemnify and hold harmless the Released Parties from claims brought on behalf of the participant arising from participation.

4. Rules and Conduct

I understand participants are expected to follow camp rules, safety instructions, and behavioral standards.

Camp leadership may restrict activities, contact parents, or dismiss a participant early if necessary for safety, discipline, health, or program integrity. If early pickup is required, transportation home is the responsibility of the parent/guardian unless otherwise arranged.

5. Medical Authorization

I authorize camp leadership, staff, and designated adult leaders to provide routine first aid.

If illness or injury occurs and I cannot be reached promptly, I authorize licensed medical professionals to provide emergency medical, dental, surgical, diagnostic, ambulance, anesthesia, hospital, or related care deemed reasonably necessary.

I understand reasonable efforts will be made to contact me.

6. Insurance / Financial Responsibility

I understand I am responsible for medical costs not covered by insurance, AHCCCS, tribal health services, Indian Health Service, or other benefit programs.

7. Medication Permission

If my child brings medication, I understand it must be turned in according to camp policy unless otherwise directed. Prescription medication must be in the original labeled container and will be administered according to instructions and camp procedures.

8. Transportation Permission

I give permission for my child to be transported for camp-related purposes by approved drivers, staff, church vans, buses, rental vehicles, or authorized private vehicles.

9. Media Release

I grant permission for the participant's first name, image, voice, testimony, artwork, or likeness to appear in photographs, videos, livestreams, newsletters, websites, printed materials, and social media for ministry, educational, or promotional purposes without compensation.

10. Governing Law

This agreement shall be governed by the laws of the State of Arizona. Any legal proceeding shall be brought in a court of competent jurisdiction in Arizona unless otherwise required by law.

11. Certification

I certify that I am the legal parent or guardian of the participant, the information provided is accurate to the best of my knowledge, I have read and understand this document, and I sign voluntarily intending to be legally bound.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

PAYMENT INFORMATION

SIMC Camps is a ministry of World Gospel Mission. Camp costs are covered through a combination of **donations** and **camper fees**.

The actual cost of a weekend camp is approximately **\$250 per camper**, but thanks to generous supporters, we ask each camper to contribute just **\$60** to help offset expenses.

We never want finances to prevent a child from attending camp. If your family is unable to pay the full \$60, we invite you to give a **donation that fits your situation**—every bit helps.

If you're able and would like to **sponsor another camper**, you're welcome to give more than the suggested amount.

Thank you for your understanding and support!

To make a payment, visit www.SIMCamps.com/camp and click the **Pay Online** button under your camp. or you can send a check payable to WGM to SIMC Camp, 14202 N 73rd Ave., Peoria, AZ 85381



Chapel Rock Participant Information and Release of Liability Form

Chapel Rock programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in Chapel Rock programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to Chapel Rock prior to participating in any activities. High ropes activities have a weight minimum of 45lb and a maximum of 275lb, and by participating in our high ropes you acknowledge that you are between these.

Group Name: Southwest Ministries

Camper's Name: _____

Camp Date: _____

Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could hazard yourself or others during the duration of this program? If yes, identify and explain...

No _____. Yes _____ explain: _____

Do you have any allergies, reactions to medication, or any other medical limitations? If yes, identify and explain:

No _____. Yes _____ explain: _____

Have there been any recent or major life changes? (E.g. Job changes, death in family, etc.)

No _____. Yes _____ explain: _____



Chapel Rock Participant Information and Release of Liability Form

RELEASE OF LIABILITY: I understand that parts of the Chapel Rock program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Chapel Rock activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Chapel Rock, and its staff members, from all liability for any injury to me from participation in Chapel Rock activities.

Date: _____ . Signature: _____

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date: _____ . Signature: _____

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

Parent/Guardian name(s): _____

I/We [parent/guardian] give permission for (our) child [camper] to participate in the Chapel Rock program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated Chapel Rock staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release Chapel Rock and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this Chapel Rock program.

Date: _____ . Signature: _____