



SIMC Camps Registration 2026

Southwest Indian Ministries
14202 N 73rd Ave., Peoria, AZ 85381

Age 13 to 18 Camp
April 24-26, 2026

*Please read the entire form carefully. Thank you!

Camper's Name _____ Male (M) or Female (F) _____

Have you attended camp before? _____

Current Age _____ Date of Birth _____ Grade Level in 2025-26 _____

Text # _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian's Name(s) _____

Name of church you attend _____ Pastor's Name _____

Name of friend you're coming with or bringing _____

* Names of all people who have permission to pick your child up from camp:

Check one:

- 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
- I will be dropping off and picking up my child at Camp Chapelrock (1131 Country Club Dr., Prescott, AZ 86303)

Medical Insurance _____
(Company) (Policy number)

Does the camper have any physical, emotional, or mental conditions that may limit participation?

No Yes (If yes, explain): _____

Have there been recent major life changes camp staff should know about?

No Yes (If yes, explain): _____

Does the camper have allergies, reactions to medication, or medical limitations?

No Yes (If yes, explain): _____

FOODS:

What foods is your child allergic to and what happens if he or she eats them?

MEDICATIONS:

Please list any medications your child is allergic to:

SEASONAL ALLERGIES:

BEE STINGS OR OTHER INSECT BITES:

PLEASE LIST ANY MEDICAL CONDITIONS OR RECENT ILLNESSES THAT WE NEED TO BE AWARE OF:

MEDICATIONS: ALL MEDICATIONS MUST BE TURNED IN DURING REGISTRATION. **Prescription Medications must be in the original container from the Pharmacy with the Dr.'s name and directions clearly visible on the label.** Please list the Prescription and Over The Counter Medications your child has with him/her and needs to take during camp along with the instructions for giving them.

NAME OF MEDICATION	DOSAGE AND TIME	REASON FOR TAKING:
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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:

- _____ Cough Drops or Cough Syrup (Guaifenesin)
- _____ Ibuprofen (for pain or fever)
- _____ Maalox for upset stomach
- _____ Tylenol (for pain or fever)
- _____ Bacitracin or other antibiotic ointment for wound care/infection prevention
- _____ Calamine Lotion for itch

Make non-refundable \$60 check payable to "World Gospel Mission" and mail to the address at the top of page on the front of this document before **Friday, April 10, 2026.**

Cost & 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

Camper Expectations

At SIMC Camp, all campers are expected to **participate fully in worship, discussions, and activities** so we can learn, grow, and have fun together.

Campers should treat everyone with respect, follow instructions from leaders, stay with their group, and help keep our camp clean and safe. Personal electronics should be put away during organized activities so we can focus on God and each other.

Above all — **have fun and participate!**

I agree to follow all the camp expectations.

Camper's Signature: _____

Parent/Guardian Participant Agreement, Release, and Medical Authorization

Southwest Indian Ministry Camps (SIMC) • World Gospel Mission (WGM) • Camp Pinerock • Chapel Rock Camp

Parent Summary (Please Read)

We want your child's camp experience to be safe, meaningful, and fun. This agreement gives permission for your child to participate in camp activities hosted by Southwest Indian Ministry Camps (SIMC) and partner camps including Camp Pinerock and Chapel Rock. It explains that camp activities may include adventure programs and recreation that involve inherent risks. It authorizes camp staff to provide emergency medical care if needed, allows staff to administer medications you approve, and grants permission for photos or videos to be used for ministry purposes. By signing below, you acknowledge these risks and agree not to hold the camps or their staff legally responsible for injuries or emergencies that may occur during participation. Please read the full agreement carefully before signing.

Parent/Guardian Participant Agreement

I, the undersigned Parent or Legal Guardian of the minor participant named below ("Participant"), understand and acknowledge that participation in camp, retreat, travel, recreational, instructional, and adventure activities involves inherent risks, including but not limited to physical injury, illness, emotional distress, property damage, or death.

This agreement is governed by the laws of the **State of Arizona**.

1. Permission to Participate & Assumption of Risk

I give permission for my child to participate fully in all activities associated with:

- Southwest Indian Ministry Camps (SIMC)
- World Gospel Mission (WGM)
- Camp Pinerock
- Chapel Rock Camp
- and any affiliated or partner ministries.

Activities may include, but are not limited to:

- recreation and group games
- swimming and water activities
- field trips and transportation
- instructional programs and classroom activities
- climbing walls, ropes courses (high and low)
- zip lines
- archery, paintball
- kayaking, rappelling, rock climbing
- team-building initiatives and outdoor adventure activities.

I understand that these activities involve **inherent risks that cannot be eliminated**, even with proper supervision and safety precautions.

On behalf of myself and my child, I **knowingly and voluntarily assume all risks**, whether known or unknown, foreseeable or unforeseeable.

I also understand that certain activities, such as high ropes elements, may have **participant weight requirements (generally between 45 and 275 pounds)** and participation may be limited by camp staff for safety reasons.

2. Release, Waiver, and Indemnification

To the fullest extent permitted by Arizona law, I hereby **release, waive, discharge, and covenant not to sue:**

- Southwest Indian Ministry Camps (SIMC)
- World Gospel Mission (WGM)
- Camp Pinerock
- Chapel Rock Camp
- and their respective owners, officers, directors, employees, volunteers, agents, representatives, and affiliated entities

(collectively referred to as the **“Released Parties”**)

from any and all claims, demands, causes of action, or liabilities arising out of or related to my child’s participation in camp activities, including claims arising from negligence.

I further agree to **indemnify and hold harmless** the Released Parties from any claims, damages, losses, or expenses (including attorney fees) arising from my child’s participation.

3. Rules, Conduct, and Early Dismissal

I understand that my child is expected to follow all camp rules, safety guidelines, behavioral expectations, and staff instructions.

Camp leadership reserves the right to limit or terminate participation if necessary for safety, discipline, or program integrity. Early dismissal may occur without refund.

4. Medical Authorization & Emergency Care

I authorize SIMC, WGM, Camp Pinerock, Chapel Rock Camp, and their designated staff to provide **routine first aid** to my child.

If illness or injury occurs and I cannot be reached, I authorize camp leadership to obtain **emergency medical, dental, surgical, or hospital care** as deemed necessary by a licensed medical professional.

This authorization includes diagnostic testing, anesthesia, and hospitalization if medically advisable.

5. Financial Responsibility for Medical Care

I accept full financial responsibility for any medical treatment provided to my child that is not covered by insurance, tribal health coverage, or other programs.

6. Medication Authorization

I authorize camp staff to administer **prescription** provided by me and **and approved over-the-counter medications** documented on camp medical forms.

I understand:

- medications must be turned in during registration
 - prescription medications must be in the original labeled container
 - medications will be administered according to camp policy and dosage guidelines.
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7. Media & Likeness Release

I grant permission for my child's **first name, image, voice, or likeness** to appear in photographs, video recordings, or other media captured during camp activities.

These materials may be used for **educational, promotional, or ministry purposes** by:

- Southwest Indian Ministry Camps
- World Gospel Mission
- Camp Pinerock
- Chapel Rock Camp
- affiliated ministries

without compensation or additional permission.

8. Governing Law & Venue

This agreement shall be governed by the laws of the **State of Arizona**, and any legal action arising from this agreement shall be brought in a court of competent jurisdiction within the State of Arizona.

9. Parent/Guardian Certification

I certify that:

- I am the legal parent or guardian of the participant.
 - I have read and fully understand this agreement.
 - I sign this document voluntarily and with full knowledge of its legal significance.
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Participant & Parent Information

Participant Name: _____

Participant Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Parent/Guardian Signature: _____

Date: _____



Chapel Rock Participant Information and Release of Liability Form

DISCLOSURE: 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: _____

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: _____