

# Southwest Indian Ministry Camps (SIMC) Registration



In Partnership with Pinerock Camp & Retreat Center and Arizona Nazarene Youth International (AZNYI)

---

## 2026 SUMMER CAMP OPTIONS

- Elementary Camp** – June 8–11, 2026 (*Ages 9–11*) – **Registration due before May 22, 2026**
- Jr. High Camp** – June 14–17, 2026 (*Ages 12–14*) – **Registration due before May 29, 2026**
- High School Camp** – June 18–21, 2026 (*Ages 15–18*) – **Registration due before May 29, 2026**

Camp Location:  
**Pinerock Camp & Retreat Center**

---

## CAMPER INFORMATION

Camper First & Last Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

Grade Completed in Spring 2026: \_\_\_\_\_

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

*(Someone other than parent/guardian if possible)*

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 73<sup>rd</sup> Ave., Peoria, AZ 85381

will be dropping off and picking up my child at Camp Pinerock (1400 Pine Dr., Prescott, AZ 86303)

Other: \_\_\_\_\_

---

---

## MEDICAL INFORMATION

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

---

## 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 **\$350 per camper**, but thanks to generous supporters, we ask each camper to contribute just **\$120** to help offset expenses.

We never want finances to prevent a child from attending camp. If your family is unable to pay the full \$120, 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](http://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 73<sup>rd</sup> Ave., Peoria, AZ 85381



PARTICIPANT AGREEMENT, WAIVER AND RELEASE

Knowing there are dangers, hazards, and risks associated with Pinerock Camp & Retreat Center’s activities including Archery, Climbing Wall, Low Ropes, High Ropes, Zip Line, Paintball, BB Guns, Swimming Pool, and/or related activities (hereafter “Activities”), and with sufficient knowledge of my experience, physical condition, and any and all limitations I may have at the time, I voluntarily assume all responsibility and risk of loss, damage, illness, injury and/or death that I may in any way sustain in connection with my voluntary participation in any and/or all of these Activities.

Understanding that I could be injured or die as a result of my participation in the Activities, I agree to release, indemnify and discharge Pinerock Camp & Retreat Center and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (collectively “Pinerock”) and hold Pinerock harmless on behalf of myself, my children, my parents, my heirs, assignees, personal representative and estate.

It is my intent by signing this document to agree not to make a claim or bring a law suit against Pinerock and to forever release them from any and all legal responsibility for any loss, injury, damage (including death) that I may suffer as a result of my participation in the aforementioned Activities whether due to negligence, default, action or inaction on the part of Pinerock.

Upon signing this form, I acknowledge and agree that I must abide by all rules, regulations, expectations, and standards of conduct applicable to participation in the Activities. I understand that Pinerock reserves the right to limit or terminate my participation in any activity, in the sole discretion of Pinerock staff.

I also hereby grant Pinerock Camp & Retreat Center permission to use my likeness, which may appear randomly and without any intent to exploit me personally, in any photograph, video, or other digital media captured in the normal course of Pinerock’s memorialization of activities at the camp, in any and all of its publications, including web-based publications, without payment or other consideration given to me.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT, WAIVER AND RELEASE AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT (to be completed if the participant is under the age of 18)**

I hereby consent that my child may participate in Activities. I have read and fully understand the agreement, Waiver and Release and consent on behalf of the Participant to its terms.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_