



SIMC Camps Registration 2025

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

- Age 15 to 17 Camp
June 16-20, 2025
- Age 12 to 14 Camp
June 23-27

***Please read the entire form carefully. Sign and date the four separate sections. Thank you!**

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

Have you attended camp before? _____ Adult T-shirt size _____

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

Text # _____ Email _____

Mailing Address _____ PO Box/Apt # _____

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:

1. ACTIVITY RELEASE

As the Parent/Guardian of _____, I give permission for him/her to take part in all activities of the camp including but not limited to, recreation, field trips, swimming, and classroom instruction.

* _____
(Parent/Guardian Signature) (Date)

2. PHOTO RELEASE

As the Parent/Guardian, I, _____ give my consent to use my child's photograph, likeness or image, whether in still frame, voice or video format by World Gospel Mission/American Indian Field/SIMC in publications, promotional brochures, video presentations, on the world wide web and in display formats.

I understand I am giving this permission with no financial compensation to me in return for the use of my child's photograph, likeness or image, and release World Gospel Mission/American Indian Field/SIMC from any legal liability for the use of said photograph, likeness or image. I hereby give my permission to use my child's photograph, likeness and image of my own free will.

* _____
(Parent/Guardian Signature) (Date)

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 Pinerock (1400 Pine Dr, Prescott, AZ 86303)

3. MEDICAL RELEASE

I give permission for first aid treatment to be given to my child if deemed advisable by the SIMC staff.

In the event of a medical emergency and I cannot be reached, I hereby give permission to the Lead Staff at SIMC to consent to any x-ray, examination, anesthetic, medical dental or surgical diagnosis or treatment and hospital care which is deemed advisable by and to be rendered under the general or special supervision of any physician, and surgeon licensed under the provision of the Medical Practice Act and any Dentist under the Dental Practice Act. If my child needs medical treatment (without valid insurance or ACCHS#), I (we) will assume financial responsibility for reimbursement to SIMC.

Insurance _____
(Company) (Policy number)

* _____
(Parent/Guardian Signature) (Date)

4. MEDICAL INFORMATION AND PERMISSION TO GIVE MEDICATION

ALLERGIES: Does your child have any known allergies? _____ Yes _____ No

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		

* _____
(Parent/Guardian Signature) (Date)

* Emergency Phone Number _____

Make non-refundable \$110 check payable to "World Gospel Mission" and mail to the address at the top of page on the front of this document before Friday, May 30, 2025.



Medical Release & Consent Forms for AZNYI TRIPS & ACTIVITIES

Parent/Guardian First & Last Name: _____

Parent/Guardian Email address: _____

Parent / Guardian Text number: _____

Camper First & Last Name: _____

Camper Street Address: _____

City: _____ State: _____ Postal code: _____

Grade for the 2025-26 school year: _____

Birthdate: _____ Gender: _____

Camper's Cell Phone number: _____

EMERGENCY CONTACT INFORMATION

Please list someone NOT participating in this trip

Emergency Contact - Full Name: _____

Emergency Contact - Relationship to camper: _____

Emergency Contact - Cell Phone Number: _____

Emergency Contact - Email: _____

MEDICAL INFORMATION:

If no to any below, please put N/A

List any food allergies: _____

List any drug or medication allergies: _____

List any health issues: _____

List any medications camper is currently taking: _____

Doctor's First & Last Name: _____

Doctor's Contact Phone Number: _____

HEALTH INSURANCE INFORMATION:

Health Insurance Information: Name / member ID # / Group #: _____

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to the camper listed above while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. I or my child may be examined and any necessary procedure (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or xray) may be performed under the supervision of member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation home, which might occur as a result of such injury. I understand that, in the event of other than minor illness or injury, reasonable efforts will be made to contact me.

Parent/Guardian Signature: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in any event or activity involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in any event or activity, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I hereby grant permission for AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE to take pictures or videos of myself and my child while on the church property or at a church-sponsored event. I give permission to AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE to use these images or videos in church print and online publications including church websites and social networks.

Signature: _____

LIABILITY RELEASE FORM:

You understand that every necessary precaution has been taken to ensure the safety of each participant, child, counselor and staff. I release AZNYI AND THE ARIZONA DISTRICT CHURCH OF THE NAZARENE from legal suit, due to injuries that may occur during church related activities.

Signature: _____

PARENT/GUARDIAN PERMISSION FORM:

I give permission for my child to go on trips and activities while participating in an official event of AZNYI AND ARIZONA DISTRICT CHURCH OF THE NAZARENE, whether by foot, by vehicle, or by plane. I give permission for my child to participate in all trips and activities. Also, I understand that some of the activities will take place off of the AZNYI AND ARIZONA DISTRICT CHURCH OF THE NAZARENE event premises and I therefore give my permission for my child to be transported by the church or its leaders to such activities.

Signature: _____

Date: _____



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: _____