

Southwest Indian Ministry Camps

Elementary Camp

(Ages 9-12)

Friday, September 20, 2024 to Sunday, September 22, 2024



- Camp is located at Chapel Rock Camp in Prescott, AZ (1131 Country Club Dr.)
- Transportation to camp is provided from SIMC Campus – 14202 N 73rd Ave., Peoria, AZ 85381
- We leave on Friday, September 20 at about **5 pm**. Dinner is provided at 4:45 pm.
- Campers will be brought back to SIMC Campus at about **2 pm** on Sunday, September 22.

Non-Refundable Discounted Cost: \$55



Registration, Participation Form, and Payment are due

before Friday, September 6, 2024

Checks can be made out to "World Gospel Mission".
No registration can be accepted after September 6th.



Registrations and payment can be sent to
SIMC Camps, 14202 N 73rd Ave., Peoria, AZ 85381

**Average temperature in Prescott
during April: High 79°, Low 59°**

Average temperature in Prescott during September: High 79°, Low 59°

Things to bring:

- Bedding (i.e. pillow, sheets, blanket or sleeping bag)
- Towel & washcloth
- Toiletries (i.e. toothbrush and toothpaste, shampoo, comb, deodorant, etc.)
- Bible, notebook, pen
- Flashlight
- Refillable **Water bottle**
- Shoes (closed toe) + an extra pair if available
- Clothing (i.e. t-shirts, pants, sweatshirt, extra socks, underwear, pajamas, etc.)

Leave at home:

- Food
- Valuables (SIMC is not responsible for loss or damage)
- Non-prescription or over-the-counter medications

Please do not attend if you or any of your family members have recently been diagnosed with COVID-19 or experienced COVID like symptoms.

Paper & Online registration forms can be found at

<https://SIMCamps.com/camp>

Space is limited.

If you have questions or concerns, please contact Doug Darfus at doug.darfus@wgm.org



SIMC Camps Registration 2024

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

Age 9 to 12 Camp
Sept. 20-22, 2024

***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? _____ T-shirt size _____

Current Age _____ Date of Birth _____ Grade Level in 2024-25 _____

We must have a way to contact you.

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 ChapelRock (1131 Country Club 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 If yes, please circle appropriate allergies and give further explanations.

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:

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

* _____
(Parent/Guardian Signature) (Date)

* Emergency Phone Number _____

Make non-refundable \$55 check payable to "World Gospel Mission" and mail to the address at the top of page on the front of this document before **Friday, September 6, 2024.**

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: September 20-22

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:** _____



Chapel Rock Participant Information and Release of Liability Form

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: _____