



## SIMC Camps Registration 2026

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

Age 9 to 12 Camp  
March 6-8, 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 73<sup>rd</sup> Ave., Peoria, AZ 85381
- I will be dropping off and picking up my child at Camp Pinerock (1400 Pine Dr., Prescott, AZ 86303)

Medical  
Insurance \_\_\_\_\_

(Company)

(Policy number)

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

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, February 20, 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](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

## 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: \_\_\_\_\_



## Summary:

### Parent Summary (Please Read):

We want your child's camp experience to be safe, meaningful, and fun. This agreement explains the activities your child may participate in, gives camp staff permission to provide medical care if needed, allows staff to give medications you approve, and explains how photos or videos may be used for ministry purposes. It also explains that, like any camp experience, there are inherent risks, and that by signing below you agree not to hold the camp or its staff legally responsible for injuries or emergencies that may occur. Please read the full agreement carefully before signing.

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### Parent/Guardian Participant Agreement

### PARENT/GUARDIAN PARTICIPANT AGREEMENT, RELEASE, AND MEDICAL AUTHORIZATION

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.

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#### 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**, and any affiliated or partner ministries, whether on-site or off-site. Activities may include, but are not limited to, recreation, swimming, instructional programs, transportation, field trips, and adventure activities such as climbing elements, ropes courses, zip lines, archery, paintball, and similar activities.

I understand that these activities involve inherent risks that cannot be eliminated even with reasonable care and supervision. On behalf of myself and my child, I knowingly and voluntarily assume all such risks, whether known or unknown, foreseeable or unforeseeable.

#### 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**, **World Gospel Mission**, **Camp Pinerock**, and their respective owners, officers, directors, employees, volunteers, agents, representatives, and affiliated entities (collectively, 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 the negligence of the Released Parties.

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 or my breach of this agreement.

#### 3. Rules, Conduct, and Early Dismissal

I understand that my child is expected to comply with all camp rules, safety guidelines, behavioral expectations, and staff instructions. I acknowledge that camp leadership reserves the right, at its sole discretion, to limit or terminate my child's participation for reasons including, but not limited to, safety concerns, behavioral issues, or disruption of the program. I understand that early dismissal may occur without refund.

#### 4. Medical Authorization & Emergency Care

I authorize SIMC, WGM, Camp Pinerock, and their designated staff to provide routine first aid to my child. In the event of illness or injury requiring medical attention, and if I cannot be reached, I authorize camp leadership to consent to emergency medical, dental, surgical, or hospital care for my child as deemed necessary by a licensed physician or healthcare provider.

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

## **5. Financial Responsibility for Medical Care**

I accept full financial responsibility for any medical care provided to my child that is not covered by insurance, tribal health coverage, or other applicable programs. I agree to reimburse the ministry for any costs incurred on my child's behalf.

## **6. Medication Administration**

I authorize camp staff to administer prescription and over-the-counter medications to my child as provided by me and documented on camp medical forms. I understand that all medications must be turned in during registration, be properly labeled, and be administered according to camp policy and age-appropriate dosing guidelines.

## **7. Media & Likeness Release**

I grant permission for my child's name, image, likeness, voice, or appearance to be used in photographs, video recordings, or other media captured during camp activities for educational, promotional, and ministry purposes by SIMC, World Gospel Mission, Camp Pinerock, and affiliated entities, without compensation or additional consent.

## **8. Governing Law & Venue**

This agreement shall be governed by and interpreted in accordance with the laws of the State of Arizona. Any legal action arising from this agreement shall be brought exclusively 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, that I have read and fully understand this agreement, and that I sign it voluntarily and with full knowledge of its legal significance.

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### **Participant & Parent Information**

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Emergency Contact & Phone:** [REDACTED]

**Parent/Guardian Signature:** [REDACTED]

**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: \_\_\_\_\_