



## SIMC Camps Registration 2023

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

Age 13 to 18 Camp  
April 14-16, 2023

**\*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? \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level in 2022-23 \_\_\_\_\_

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 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)

### 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)	_____ Ibuprophen (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 \_\_\_\_\_



## **Pinerock** Camp & Retreat Center

### **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, with the exception of gross negligence 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: \_\_\_\_\_