SIMC Camps Registration 2025

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

Age 9 to 11 Camp
June 9-13, 2025

*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 _____ T-shirt color: Pink or Black $10/shirt

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 IINFORMATION 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 $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 23, 2025**. ($120 includes Tshirt)