



SIMC Camps Registration 2020

Southwest Indian Ministries Center
14202 N 73rd Ave., Peoria, AZ 85381
Phone: (623) 979-6008

***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? _____ Age _____ D.O.B. _____ Grade _____

Phone or Cell # _____ Email _____

Mailing Address _____ PO Box/Apartment # _____

City _____ State _____ Zip _____

Parent/Guardian's Name/s _____

Name of church you attend _____ Pastor's Name _____

Pastor's address _____

Pastor's phone # _____ Name of friend you're coming with or bringing _____

Which camp will your child attend? Please check only one. A new form is required for each camp.

Leaders In Training (LIT):

Cost: \$20
Age: 13-18

____ January 24-26
____ April 24-26

Elementary Weekend:

Cost: \$10
Age: 6-12

____ March 20-21

Teen Weekend:

Cost: \$20
Age: 13-18

____ October 16-18

Summer Camps:

Cost: \$50

____ Teen (ages 13-18)
June 21-25
____ 4th-6th Grade (ages 9-12)
June 28 - July 2
____ 1st-3rd Grade (ages 6-8)
July 5-9

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)

Turn page to fill out medication and medical information —————>

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.

<u>NAME OF MEDICATION</u>	<u>DOSAGE AND TIME</u>	<u>REASON FOR TAKING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

* _____
(parent/guardian signature) (date)

* Emergency Phone Number _____