

JONAH MINISTRIES CAMPER REGISTRATION FORM

Registration form must be accompanied by non-refundable \$50 deposit per camp.

Please call ahead to check on space availability.

CAMPER INFORMATION

Camper Name _____ Camp Dates _____

Camp Attending: Home Ec Man Primary Grandparent Ultimate Kids Kids Missions HS Adventure JH Adventure NW Summer

Birthdate _____ Male or Female _____

Age during camp _____ Roommate Requested (1 only) _____

School _____ Grade Next Fall _____

Home Church _____ T-Shirt Size _____

Camper Email Address _____ Camper Cell _____

Camper Facebook _____

PARENT / GUARDIAN INFORMATION

Parent or Guardian Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Family Home Phone _____ Family Email Address _____

Father Work Phone _____ Employer _____

Father Cell Phone _____ Father Email _____

Mother Work Phone _____ Employer _____

Mother Cell Phone _____ Mother Email _____

Where did you hear about Jonah Ministries? _____

EMERGENCY AND MEDICAL INFORMATION

(In case of emergency, parent will be called first, then additional emergency contact)

Emergency Contact (Other Than Parent) Name _____ Relationship _____

Emergency Contact Phone _____ Cell _____

Insurance Company Name & Address _____

Policy/ID # _____ Physician _____ Phone _____

Pre-Existing Medical Conditions or Allergies _____

Current Immunizations: _____ Yes _____ No Initial here _____ if your child can receive over-the-counter medication (Tylenol, Advil, etc.)

Medical and Special Needs _____ asthma _____ diabetic _____ ADD _____ ADHD _____ other

Medication _____

Special diets _____

Special needs _____

JONAH MINISTRIES ACTIVITIES WAIVER

Challenge Course * Caving * Hiking * Swimming * Camping * and More

31 Little Mountain Road, Trout Lake, WA, 98650 * 509-395-2900 * 509-395-2920 fax * www.campjonah.com * jonah@campjonah.com

DISCLOSURE:

Jonah Ministries (JM) activities involve a variety of events that may present rigorous physical challenges. The level of participation in the adventure activities is at all times completely up to the individual's choice. Each participant will, however, be asked to commit to trying each activity the program offers. The risks involved in each activity must be assumed by each participant.

HEALTH HISTORY:

Medical information must be made known to the JM staff so that they are prepared to respond appropriately if the need arises. Please complete this form and return it to JM prior to participating in any activities.

RELEASE OF LIABILITY:

I understand that parts of the JM program may be physically and/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 physical abilities to participate in JM activities. I understand that JM has taken extensive safety measures, including the training and documentation of its staff in Adventure Activity facilitation, as well as making every effort to aid in the safety of all participants. However, I also recognize that JM cannot guarantee that the participants, equipment, grounds and /or activities will be free of accidents or injuries. I understand that each participant must assume the risk of injury and expense that could result from any of these activities. I release the property owners, JM, its staff members, and Board of Directors from liability for any injury to me from participation in the JM activities.

In the event that medical care is necessary, I (or parent/guardian) give permission to the physician selected by the JM staff to hospitalize, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of any such injury or damage.

MEDIA RELEASE:

I give permission for Jonah Ministries to use any photo or video of me/my child for Jonah Ministries or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

PARTICIPANT OR PARENT MUST SIGN HERE:

Participant Name (Please print neatly): _____

Participant Signature (if age 18+): _____ Date: _____

Signature of parent/guardian (if participant is under age 18): _____ Date: _____