

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.

2007

1

CAMPER INFORMATION

Camp Name _____ Camp Dates _____
Camper Name _____ Camp Nickname _____
Birthdate _____ Male or Female _____
Graduation Year _____ Age during camp _____ Roommate Requested _____
Home Church _____
School _____
Camper Email Address _____ Camper Cell _____

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 _____ Fax _____
Father Email _____ Business Website _____
Mother Work Phone _____ Employer _____
Mother Cell Phone _____ Fax _____
Mother Email Address _____ Business Website _____
Where did you hear about Jonah Ministries? _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact 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 ADVENTURE ACTIVITIES WAIVER

Challenge Course * Caving * Hiking * Swimming * Camping * White Water Rafting
(All activities on or off campus)

WHERE PARTICIPATION EQUALS SUCCESS
IN PROBLEM SOLVING, TEAM BUILDING, PERSONAL CONFIDENCE AND PHYSICAL ABILITY

DISCLOSURE:

Jonah Ministries (JM) Adventure Activities involve a variety of events that 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 Adventure 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. This information will be held in confidence. 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 Adventure 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 Adventure Activities.

In the event that medical care is necessary, I give permission to the physician selected by the JM staff to hospitalize, 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.

If a minor is involved, the minor, as well as one parent must sign.

Signature of participant: _____ Date: _____

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

PARENTAL RELEASE & PERMISSION

A. My child has my permission to participate in all activities on or off the grounds. I recognize the inherent risk of injury in camp activities I understand that Jonah Ministries has taken extensive safety measures, however, I also recognize that Jonah Ministries cannot insure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I will defend Jonah Ministries from all liability and claims of liability and will hold harmless Jonah Ministries, its staff, employees, and its Board of Directors from any claims of liability arising from my/my child's participation in the Jonah Ministries Camps or Activities.

B. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, routine tests, and/or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I also accept responsibility for expenses incurred through such treatment. **I recognize that Jonah Ministries carries only secondary insurance coverage.**

C. I give permission for Jonah Ministries to use any photo or video of my child for Jonah Ministries publications or promotion/ advertising . I release my right to any kind of remuneration for said photos or videos.

D. I hereby authorize the directors and staff of Jonah Ministries to act for me according to their best judgment in any emergency requiring medical attention. I have made note of any medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other costs in connection with his or her attendance at Jonah Ministries Camps.

FOR OFFICE USE ONLY	
Invoice # _____	Camp Cost:\$ _____
Discount: _____	- \$ _____
Subtotal:	\$ _____
Down payment: Ck # _____	- \$ _____
Balance Due:	\$ _____

Parent/Guardian Signature

Date

PARENTS MUST SIGN AND DATE HERE!