



JONAH MINISTRIES CAMPER REGISTRATION FORM

Registration form must be accompanied by a non-refundable \$50 deposit for camp.
Please call ahead or email to check on availability.

CAMPER INFORMATION

Camper Name _____ Camp Dates _____

Camp Attending: JH Adventure Camp Grand Camp Kids' Drama Camp River Adventure Program Primary Camp
 Ultimate Kids Camp Moto Camp NW Summer Man Camp G.I.R.L.'s Camp HS Adventure Camp

Birthdate _____ Male or Female _____

Age during camp _____ Roommate Request (1 only) _____

School _____ Grade Next Fall _____ T-Shirt Size _____

Camper Email Address _____ Camper Cell _____

Camper Facebook Name _____

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 & 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 medications (Tylenol, Advil, etc.)

Medical and Special Needs : asthma diabetic ADD ADHD Other: _____

Medication _____

Special Needs _____

Notes to Registrar _____

JONAH MINISTRIES GUEST WAIVER

All guests of Jonah Ministries must sign this waiver

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

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 (or parent/guardian) give permission to the physician selected by the JM staff to transport, 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; otherwise, 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.

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.

Participant's Name: _____ Male: _____ Female: _____

Parent's Name (if under age 18): _____ Home Phone: _____ Cell Phone: _____

Address (City, State, Zip): _____

Do you have:

Allergies? _____ Asthma? _____ Diabetes? _____ Fainting/convulsions? _____ Allergic reactions? _____ Heart disease? _____ Heart palpitations? _____ Heart murmur? _____ High blood pressure? _____ Pregnant? _____

If yes on any of the above, or if you have any current condition requiring medication or any physical limitation, please explain:

INSURANCE INFORMATION:

Your health insurance carrier: _____ Group ID# _____

Doctor: _____ Phone: _____

Emergency contact: _____ Phone: _____

(Parent will be called first, then emergency contact)

PARTICIPANT OR PARENT MUST SIGN HERE:

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

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