



# Registration 2013

Important Policy Information: In order to receive the early bird rate, regular rate, and/or family discounts, your registration form must be completed accurately, on time, with the minimum, non-refundable, deposit of \$30, attached. If an item does not apply to you please write "NA" Registrations must be processed by your local church. If any of the aforementioned requirements are not fulfilled, your form will be returned to your local church and the early bird rate/regular rate forfeited.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade (Fall 2013): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Name: \_\_\_\_\_ City: \_\_\_\_\_  
Pastor's Signature: \_\_\_\_\_

## Deadlines (Your Local Church Dates)

Early Bird Due (\$155) \_\_\_\_\_ Regular Rate Due (\$165) \_\_\_\_\_  
All Registrations turned in after \_\_\_\_\_ will be considered on site registration. (\$185)  
(No family discounts with on site rate)

## Mark What Camp You Will Attend

Child must meet age requirements to attend camp(s)

Youth Camp #1 w/Jr. High Track  
(See Brochure for details)  
\_\_\_\_ Jr. High Track June 10 - 14  
(Grades 6 - 9)  
\_\_\_\_ Senior High Track June 10 - 14  
(Grades 9 - 2013 Grads.)

\_\_\_\_ Youth Camp #2 - June 17 - 21  
(Grades 6 - 2013 Grads.)

\_\_\_\_ Youth Camp #3 - June 24 - 28  
(Grades 6 - 2013 Grads.)

\_\_\_\_ Kids Camp #1 - July 8 - 12  
(Grades 4 - 6)

\_\_\_\_ Kids Camp #2 - July 15 - 19  
(Grades 4 - 6)

## Family Discounts & Payment

Family Rate: If someone from your immediate family has already attended Red Culture camp this summer (or the same week), please circle the rate that applies, then list the child(ren) that have already attended.

(Circle one)

Second Child: Early Bird \$150 Regular Rate \$160  
Third Child: Early Bird \$145 Regular Rate \$155  
Fourth or more: Early Bird \$140 Regular Rate \$150

List Full Names & Week(s) Attended : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment

Pre-Paid Camp Memory book - \$15 \_\_\_\_\_

Pre-Paid Camp T-shirt - \$12 \_\_\_\_\_

Circle one: YM YL S M L XL 2X(\$15) 3X(\$15)

To reserve a T-shirt and/or memory book, payment must be included.

Required Deposit - \$30 \_\_\_\_\_  
(Minimum payment, nonrefundable, deducted from total)

Total Enclosed \$ \_\_\_\_\_  
(Make checks payable to your local church)

For IMN Office Use Only: EB Reg OS  
Check Amount: \_\_\_\_\_  
Check # \_\_\_\_\_  
Entered By: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\*\*\* (See Reverse) \*\*\*\*\*

# Legal Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Cell #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Who, besides yourself, is approved to pick-up your child from camp in cases of an appointment, emergency, and/or illness?: (Please give the individuals first and last name, along with their relationship to the child.) \_\_\_\_\_

## Medical Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber's Place of Employment: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Y or N  
\_\_\_\_ Restricted Activities? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known to be a carrier of any contagious or infectious disease? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known behavioral or psychological problems or disorders? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Any known problems with lice in the last six months? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Other health information we should know: \_\_\_\_\_

History of: (Check all that apply.)  
\_\_\_\_ Seizures      \_\_\_\_ Heart Trouble      \_\_\_\_ Diabetes      \_\_\_\_ Kidney      \_\_\_\_ Digestive Issues      \_\_\_\_ Bleeding  
\_\_\_\_ Surgeries      \_\_\_\_ Menstrual Problems      \_\_\_\_ Sleepwalking      \_\_\_\_ Bed wetting      \_\_\_\_ Headaches      \_\_\_\_ Lung/Breath Problems  
Allergies: (Check all that apply.)  
\_\_\_\_ Hay Fever      \_\_\_\_ Asthma      \_\_\_\_ Bee Stings      \_\_\_\_ Plants      \_\_\_\_ Food(s)      \_\_\_\_ Medications  
Explanation for checked items: \_\_\_\_\_

All medication (including all over the counter meds) is required to be turned into the camp First Aid Personnel at registration. The Camp First Aid Personnel will be responsible for dispensing all medications. Prescriptions and over the counter medications are required to be in their original prescription bottle or container with the dosage and instructions still intact. Please place all prescriptions and medications in a ziploc baggy with the campers name, the church they are traveling with and the city.

Current Medications: (List all medications to be administered at camp): \_\_\_\_\_

(All the information above is required and must be completed in full. If your child is not insured please write "N/A" in the "insurance company" blank.)

LEGAL GUARDIAN AUTHORIZATION: The "Statement of Health" listed on this sheet is correct as far as I know and the camper listed on this form has permission to engage in all prescribed activities except noted by me. I give permission for the camp first aid personnel to treat the listed camper in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child. Camp counselor refers to "a person in charge of a group of children at camp" and does not imply they are licensed to give counsel. Permission is given to Iowa Ministry Network to use photographs of my Child for the camp video and/or future promotional purposes. I understand that Sunstream, Iowa Ministry Network, or any of its employees are not to be held personally responsible for accidents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* (See Reverse) \*\*\*\*\*