



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 - \$15 _____

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)

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

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

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) *****