When: Departing on **Fri, Jan 21st** at 5:30pm and returning at 3:00pm on **Sun, Jan 23rd**

Where: Camp Shamineau located in Motley, MN

Who: All Middle and High School Students (Grades 6-12)

Cost: $150 *** Register by submitting the consent forms and payment by Wednesday, Dec. 15th. ***Late Registration after Dec. 15th is $175.

For your convenience, we are offering 2 payment options.

1. One payment plan - $150 due Wednesday, Dec. 15th.
2. Two Payment plan —$75 deposit due Wednesday, Dec. 15th and remaining $75 balance due Wednesday, Jan 12th.

*** Retreat payments are non-refundable regardless of the payment being a full payment or a deposit. If paying a deposit only, you are responsible to pay the full total amount of $150 by January 12, 2022
***Registrations submitted after Dec. 15th are $175, with no family discounts and are subject to availability.

Family Discount

For families with multiple students participating, you are eligible for the family discount if you register by the Dec. 15th deadline. The first student is $150, and each additional child is $125. The registration deposit due Dec. 15th is 50% of the per student price.

Event Description:

We will RETREAT from the craziness of normal life to a different kind of crazy... the kind of crazy that will revive your heart and your love for God, refresh your relationships with friends, and wear you out from all the incredible activities like broomball, volleyball, climbing the ice tower, horseback riding through the snow, and ropes course challenges too. Our chapel sessions will take us into a deeper relationship with God through relevant teachings and incredible worship.

Name of Church Group: Lake Community Church, Alexandria

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

Youth Retreat Release Form

Medical Information – for campers 17 yrs. and younger

Camper's Full Name: _____ **Date of Birth:** _____/_____/_____ **Grade:** _____

Gender: *(circle one)* **Male / Female** **Parent or Guardian's Full Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____)_____ **Day Phone:** (____)_____ **Cell:** (____)_____ **Email:**_____

To be filled out and signed by Parent or Guardian:

Health Ins. Company: _____ **Policy #:** _____ **Group #:** _____

(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.)

Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?: _____

_____

List any diagnosed illnesses or issues: _____

_____

What medications, including doses, are used to treat the above?: _____

_____

Any side effects of his/her medications?: _____

Are your child's immunizations up to date? __ Yes __ No Date of last Tetanus _____/_____/_____

Write EXEMPT if you have opted out of immunizing your child

Emergency Contact: Name: _____ **Phone:** (_____)_____

Release & Waiver of Liability Agreement/Medical & Media Release Form

I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and, also report any unsafe conditions that I may encounter to a responsible party.

I authorize the Shamineau Ministries staff to administer over the counter medications appropriate to my child's symptoms/age/weight. ❑ No

_____ _____

Adult Signature/Parent or Guardian **Date**

_____

Print Signature

Registration and Medical Consent Form

Lake Community Church Student Ministries

I, _____ , authorize that my child _____ is granted full permission to participate in the events and activities organized by the Student Ministries of Lake Community Church.

I understand that possible risks and dangers may be encountered on any given trip or event, and I the parent, trust the judgment of Lake Community Church, its pastors and staff, and volunteer leaders. In the event of an ~~emergency or injury to my child, I grant permission to Pastor Cory Shreve~~ or a volunteer leader to seek appropriate medical attention for the injury to my child including visits to the emergency room or a doctor, X-Ray examinations, anesthetic and/or other medical/dental needs. In the event of an emergency or injury, the church representative, staff or volunteer will first attempt to contact and consult with the parents and/or emergency contact person provided on this form, and will only continue to seek medical attention without parental consultation if the parent or emergency contact cannot be reached and if the situation is deemed necessary or extremely urgent.

Understanding the above notice, I release Lake Community Church, its pastors and staff, volunteer leaders, and any event staff/volunteers from any and all liability claims for sickness, expenses, damages, medical services and injury, even injury resulting in death.

Event Name: Winter Retreat Effective Dates: January 21 - January 23, 2022

Location: Camp Shamineau in Motley, MN

Student Information:

Name: _____ Age: _____ Grade: _____ Gender: M / F

Address: _____

Date of Birth: _____ Cell Phone: (____) _____ - _____

Parent Information:

Mother's name: _____ Cell Phone: (____) _____ - _____

Father's name: _____ Cell Phone: (____) _____ - _____

Optional alternate phone number: (____) _____ - _____ (home/work)

Email: _____

Address: _____

Emergency Contact Person (other than parents):

Name: _____ Cell Phone: (____) _____ - _____

Relationship to student: _____

Medical Information:

-

Medical Insurance Provider: _____

Policy number: _____

Food allergies: None Yes If yes, list: _____

_____

Medications: None Yes If yes, list medication and instructions: _____

_____

_____

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