



SHEKINAH WESTERN RANCH CAMP



Physical Address:
77 Chestnut Road
Charleroi, PA 15022

Mailing Address: 371 Cracker Jack Road
Monongahela, PA 15063

Phone: (724) 483-4343
Email: reachus@shekinahranch.com
Website: www.yourcamp.org

Please complete all information and use only one name per application.

If you're selecting more than one option, please number them in order of preferences.

OVERNIGHT CAMP Ages: 8-15	<input type="checkbox"/> ALL GIRLS	<input type="checkbox"/> ALL GIRLS	<input type="checkbox"/> SPORTS CAMP	<input type="checkbox"/> FM YOUTH	<input type="checkbox"/> ALL AROUND COWBOY	<input type="checkbox"/> ALL GIRLS
	JUNE 18-JUNE 23	JUNE 25-JUNE 30	JULY 9-JULY 14 (CO-ED)	JULY 16-JULY 21	JULY 23-JULY 28 (CO-ED)	July 30-August 4
DAY CAMP Ages: 5-8	<input type="checkbox"/> WEEK ONE June 12 - June 16	<input type="checkbox"/> WEEK TWO June 19 - June 23	<input type="checkbox"/> WEEK THREE June 26 - June 30	<input type="checkbox"/> WEEK FOUR July 10 - July 14	<input type="checkbox"/> WEEK FIVE July 17-July 21	
	<input type="checkbox"/> WEEK SIX July 23-July 28					

Tuition
Overnight Camp: \$350.00 per week
\$200 deposit – Please include with each application
Day Camp: \$33 per day / \$155.00 per week
\$33 deposit – Please include with each application
Balance is due for all camps **ONE WEEK** before Check-In.
Please make checks payable to: SHEKINAH RANCH

OVERNIGHT DISCOUNTS
Siblings: \$50.00 off 2nd child
***Registrations must be turned in together
Multi-Session: \$75.00 off 2nd

DAY CAMP DISCOUNTS
Siblings: \$10.00 off 2nd child, per week
***Must be registered together at the same time
Multi-Session: \$33.00 off per week

Name of Camper _____

Street _____ State _____ Zip _____

City _____ Family Email _____

Age at start of Camp _____ 2016-17 School Year Grade _____ Birth Date _____ Male Female

Father's Name (Mr., Rev., Dr.) _____ Father's Profession _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Name (Mrs., Rev., Dr., Ms) _____ Mother's Profession _____

Mother's Work Phone _____ Mother's Cell Phone _____

Are both parents living? _____ Are parents: married, divorced, separated, Other _____

If separated or divorced, to whom does Camp correspondence go? _____

Church you attend _____ How many years have you attended Shekinah? _____

If this is your first year, who most influenced your decision to attend Shekinah Ranch?

List and discuss any physical or psychological concerns for your Camper _____

Cabinmate Request(s) (limit 2) _____

CONDITIONS OF APPLICATION: I approve the application above and the conditions listed below. I have written any necessary and pertinent information concerning our family and our camper. I consent to the use of photos or video clips of my child for use in the camp book, camp movie, camp website or other promotional materials.

Signature of Parent or Guardian _____ Date _____

FOR OFFICE USE ONLY

Application received _____	Deposit received _____
Brother _____	Sister _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that all information provided is thorough and accurate.

Health Information: Do you have, or have you had Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Asthma/Breathing Problems? <input type="checkbox"/> YES <input type="checkbox"/> NO Heart, Head, Stomach and/or Back Problems? <input type="checkbox"/> YES <input type="checkbox"/> NO ADD/ADHD? <input type="checkbox"/> YES <input type="checkbox"/> NO Sleep Problems? (bedwetting, sleep walking) <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES to any, please explain: _____ _____ _____	Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, All medications must be brought in original bottle (prescription, over-the-counter), properly labeled as prescribed by law. You MUST also complete a " Medication Instructions/Release " and send with this form. Special Diet? _____ Date of last Tetanus Shot? _____ Immunizations Current? _____ Allergies: _____ _____ _____
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Person to Notify in **Event of Emergency:** _____ Relationship to Participant: _____

Contact Person Phone: Daytime(_____) _____ Evening(_____) _____ Other(_____) _____

Family Physician: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Policy Holder's Name: _____

ID or Member #: _____ Plan or Group #: _____

****IMPORTANT... PLEASE READ****

1. All campers will be screened for Lice at registration. Please check your child 1 week prior to arrival.
2. Please notify camp, if your child has contracted or been exposed to lice or any communicable disease 2-3 weeks prior to camp.

I, the undersigned legal guardian give permission to Shekinah Ranch staff to provide medical treatment and order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached during an emergency, I hereby give permission to nurse or designated staff member to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child. I also give permission for the camp nurse or designated staff member to administer medication to my child as needed and directed. I understand that my child must have adequate medical coverage to attend camp. I verify that I have read and understand this form in its entirety and the above health information is correct to my knowledge.

X _____ <i>Required Participant Signature (If 18yrs or older)</i>	X _____ <i>Required Parent / Legal Guardian Signature</i>
_____ <i>Date</i>	_____ <i>Date</i>

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

SHEKINAH RANCH hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any camp activity including, but not limited to, Horseback Riding, Swimming Pool, Camping, Climbing Wall, Zipline, Paintball, Go Karts, Mini-Golf, Fishing, Crafts, Basketball, Football, Volleyball, Campfires, Water and Field Recreation Games, Hiking, Square Dancing, Challenge- Course, Playground and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or record and use photographs/videos of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include Adventure Trips such as caving, canoeing, high ropes, biking, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE and with attendance at the Camp and participation in any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Shekinah Ranch from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any or all Camp activities."

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Shekinah Ranch reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Shekinah Ranch programs. I have read this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____ <i>Required Participant/Camper's Signature</i>	X _____ <i>Required Parent or Legal Guardian Signature</i>
_____ <i>Date</i>	_____ <i>Date</i>

<p style="text-align: center;">CAMPER PICK UP AUTHORIZATION</p> <p>Please list all adults who are authorized to pick up your child. All persons picking up campers are required to be on the list and have ID.</p> <hr/> <hr/> <p>I _____ authorized the above persons to pick up my child _____ from Shekinah Ranch.</p> <p>Parent/Guardian X _____ Date _____ Signature</p>	<p style="text-align: center;">CAMP FEE CALCULATOR</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">F Ttuition (see pricing on pg 1)</td> <td style="width: 20%; text-align: right;">1. _____</td> </tr> <tr> <td>G Ttuition minus Deposit</td> <td style="text-align: right;">2. _____</td> </tr> <tr> <td>H SShekinah T-Shirt (\$15)</td> <td style="text-align: right;">3. _____</td> </tr> <tr> <td>I SStore/Snack Money (allowed up to \$35)</td> <td style="text-align: right;">4. _____</td> </tr> <tr> <td>Í C Camp Pic/Video CD (\$10)</td> <td style="text-align: right;">5. _____</td> </tr> <tr> <td>Î C Camper Scholarship Fund</td> <td style="text-align: right;">6. _____</td> </tr> <tr> <td>Ï D Donations -- Horse Feed/Care</td> <td style="text-align: right;">7. _____</td> </tr> <tr> <td>ì O Other Discounts</td> <td style="text-align: right;">8. _____</td> </tr> <tr> <td>J T TOTAL COST</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	F Ttuition (see pricing on pg 1)	1. _____	G Ttuition minus Deposit	2. _____	H SShekinah T-Shirt (\$15)	3. _____	I SStore/Snack Money (allowed up to \$35)	4. _____	Í C Camp Pic/Video CD (\$10)	5. _____	Î C Camper Scholarship Fund	6. _____	Ï D Donations -- Horse Feed/Care	7. _____	ì O Other Discounts	8. _____	J T TOTAL COST	\$ _____
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Tuition **Fee does not include** *transportation* to and from the ranch, T-shirt, Picture/Video CD and store/snack purchases.
Gift/snack shop spending cards can be purchased prior to, or when you arrive at camp. *Children may not keep cash with them at camp.*

Cancellation/Dismissal Policy & Conditions of Enrollment

Changes to registration

If you wish to change your child's registered week to another week, we can do that for no additional charge **TWO WEEKS BEFORE ORIGINAL CAMP**.
(SUBJECT TO AVAILABILITY.) After that a \$10.00 fee is assessed for a changed week.

CANCELLATION, the **\$50.00 processing fee** is non-refundable. Shekinah Ranch reserves the right to dismiss any rancher for behavioral problems at the discretion of the Ranch Director. No refund will be made for dismissal due to disciplinary action, late arrival or early departure. In the event of withdrawal from the camp for medical reasons, a gift certificate will be provided for the equivalent of the unused portion of the camp term.

1. The Ranch Director reserves the right to dismiss a Rancher who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the ranch.
2. The parent(s) guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the ranch, including a photocopy of the section of a court order referring to visitation rights.
3. The parents/guardians hereby agree to reimburse the Ranch for any damage caused by the Rancher.
4. **I have read all sections of this application form, and I hereby accept the conditions of enrollment.**

Rancher's Name: _____

Parent/Guardian _____ Date ____ / ____ / ____
Signature