

2018

# SHEKINAH RANCH- OVERNIGHT CAMP REGISTRATION

Contact Us: 724-483-4343

Mailing Address: 371 Cracker Jack Rd. Monongahela, PA 15063

Physical Address: 77 Chestnut Rd. Charleroi, PA 15022

**REMINDER!**  
It's easy to register online at  
www.yourcamp.org

FAMILY INFO

**Name of Camper:** \_\_\_\_\_

**Camper Address** (Street, City, Zip): \_\_\_\_\_

Parent 1/ Guardian Name: \_\_\_\_\_ Parent 2/ Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (if different from camper) \_\_\_\_\_ Address: (if different from camper) \_\_\_\_\_

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ Denomination: \_\_\_\_\_

Sponsoring church/agency responsible for payment: \_\_\_\_\_ Amount (if known): \$ \_\_\_\_\_

CAMPER INFO

Date of Birth: \_\_\_\_\_  Male  Female Age at Camp: \_\_\_\_\_ Grade ENTERING Fall 2017: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

Cabinmate Request: \_\_\_\_\_

(If possible we will honor your request for one cabinmate, if campers are the same age group/programs and each lists the other on their registration form.)

Camper Resides with:  Mother  Father  Both  Other \_\_\_\_\_

Is this the first time attending camp at Shekinah Ranch?:  Yes  No

I first heard about camp through:  Church  Brochure  Website  Family  Friend  Newsletter  Other \_\_\_\_\_

CHOICES

*please list your top*

**3**

Dates: \_\_\_\_\_ Program Name: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

June 10-15  June 17-22  June 24-29  July 8-13  July 22-27  July 29-August 3 **Total Program Fee(s):** \$ \_\_\_\_\_

All Girl's Horse Crazy / All Around Cowboy / All Girl's Horse Crazy / All Girl's Horse Crazy / All Around Cowboy / Free Methodist Youth

DISCOUNTS

**\$25 Sibling Discount** **\*\*Must register together\*\***  
(1st Child = Full Price / 2nd Child = \$25 off / 3rd or more = \$25 off each)

**\$50 Multi-Session Discount** (1st Session = Full Price/ 2nd Session = \$50 off/ 3rd or more = \$50 off each)

**Shirt Size**  
Youth:  small  medium  large  
Adult:  small  medium  large  X-Large  XX-Large

**\*\*Balance due by camp start date:**  
(5:30-7pm on Sunday that camper is dropped off)

**\$150 deposit per session must accompany registration**

**Total Discounts: - \$** \_\_\_\_\_

- Tuition \_\_\_\_\_
- Tuition minus Deposit \_\_\_\_\_
- Shekinah T-Shirt (\$15) \_\_\_\_\_
- Store/Snack Money (up to \$35) \_\_\_\_\_
- Camp Picture CD (\$10) \_\_\_\_\_
- Personal Photo Shoot CD (\$25) \_\_\_\_\_
- Camper Scholarship Fund \_\_\_\_\_
- Donations -- Horse Feed/Care \_\_\_\_\_

SIGN

**PLEASE READ CAREFULLY**

I give permission for my child to attend the camp session for which he/she is registering.

I give permission for my child's name, address, phone number, and e-mail address to be shared with his/her fellow campers.

I give permission for still or video pictures of my child to be taken and used for camp promotional purposes.

I give permission for photos of my child to be placed on Shekinah Ranch websites and Social Media pages.

Parent/Guardian Signature (*Primary* parent must sign-off) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

**PAYMENT**

**\* A \$150 DEPOSIT is required to secure your place at camp. Make checks payable to Shekinah Ranch, or fill out the credit card information below.**

**CREDIT CARD INFORMATION**

Card Type:  VISA  DISCOVER  MASTERCARD

Name as it appears on Card: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

3-digit Verification Code from back of card: \_\_\_\_\_

Zip Code associated with Card: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Fee \$: \_\_\_\_\_

Family Check #: \_\_\_\_\_ Church Check #: \_\_\_\_\_ Other Check #: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Camp #: \_\_\_\_\_ Campership: \_\_\_\_\_ Confirmed: \_\_\_\_\_

**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 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 (**Primary parent MUST sign all documents**)

X \_\_\_\_\_  
*Required Mother/Guardian Signature*

X \_\_\_\_\_  
*Required Father/Guardian Signature*

## **CAMPER PICK UP AUTHORIZATION**

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.

---

---

**Parent/Guardian Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature (Primary parent must sign ALL documents)** \_\_\_\_\_

### **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 camper 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 Camper 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 Camper.
4. I have read all sections of this application form, and I hereby accept the conditions of enrollment.

**\*\*\*PRIMARY PARENT MUST SIGN-OFF ON ALL RELEASE FORMS\*\*\***

**Camper's Name:** \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

**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.*

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

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\*\*\***

**All campers will be screened for Lice at registration. Please check your child 1 week prior to arrival.**

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.

\*\*\*PRIMARY PARENT MUST SIGN-OFF ON ALL RELEASE FORMS\*\*\*

X \_\_\_\_\_  
*Required Mother/ Legal Guardian Signature* **Date**

X \_\_\_\_\_  
*Required Father/Legal Guardian Signature* **Date**

# Shekinah Western Ranch Camp Medication Instructions/Release

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

**A nurse or designated staff member will oversee all medical and health issues. This individual will be responsible for treating minor wounds/injuries and administering medication during your child's time at camp.**

**\*\*All medications (prescription / non-prescription) must be brought in original bottle or package and properly labeled as prescribed by law.**

List all prescription and non-prescription medications to be taken while at camp:

NAME OF MEDICATION / DOSE (Zyrtec / 10mg )	DIRECTIONS: (Take one 10mg capsule in morning after breakfast)	Reason for taking (Seasonal Allergies)

Please check any of the following Stock Medications to be administered as directed for common ailments:

- |                                       |                                  |                                  |
|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Benadryl     | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Advil   |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Tums    | <input type="checkbox"/> Anbesol |

---

**I hereby allow Shekinah Ranch staff to administer the above personal medications as directed. I also give Shekinah Ranch permission to administer any of the above checked stock medications as needed and as directed.**

X \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Primary Parent/Guardian Signature    Print Name    Date

# **SHEKINAH RANCH POLICY AND CLEARANCE PARENT SIGN-OFFS**

## **SWIM POLICY**

All "non-swimmer" children (designated by parent) may not be in water deeper than chest high. A color-coded bracelet is worn by campers to identify if they are a "non-swimmer". This will also be marked on their cabin leader's roster.

\*\*\*Campers identified as "Swimmer" should be able to do the following, without struggle:

- Jump into deep end
- 25m front crawl
- 25m backstroke
- 15m breaststroke
- Treading water (1 min)
- Floating (1 min)

I, \_\_\_\_\_, parent of \_\_\_\_\_ attest that my  
child is a **swimmer** / **non-swimmer** (Please circle that which applies)

Signature of Primary parent/guardian \_\_\_\_\_ Print Name \_\_\_\_\_

## **SNACK STORE CLEARANCE**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ donate  
\$\_\_\_\_\_ to Shekinah Ranch. These funds will be credited to my child's account to acquire snacks/or merchandise  
at the Shekinah Trading Post during his/her week at camp. Because goods are received, this is considered a NON tax-  
deductable donation to this non-profit organization.

Signature of Primary parent/guardian \_\_\_\_\_ Print Name \_\_\_\_\_

## **CAMPER BUNK APPROVAL**

I, \_\_\_\_\_, agree to my child \_\_\_\_\_  
bunking in the loft bed inside cabin number \_\_\_\_\_, if my child chooses to do so/ the bunk is available. I accept all  
responsibility for my child's actions while sleeping in the loft bed, and expect them to exert proper precautions due to the height of the loft bed.

Signature of Primary parent/guardian \_\_\_\_\_ Print Name \_\_\_\_\_