

REGISTRATION

Name _____
Male _____ Female _____ Grade (Fall '11) _____ Birthdate _____ Age at Camp _____ Grad. Year _____
Address _____
City _____ State _____ Zip _____
Church Name _____ City _____
Pastor's Signature _____

MARK WHICH CAMP YOU WILL ATTEND

- Junior High - June 13-17 (Grades 6-9)
Jr/Sr High - June 20-24 (Grades 6-2011 Grads)
Jr/Sr High - June 27-July 1 (Grades 6-2011 Grads)
Kids #1 - July 11-15 (Grades 4-6)
Kids #2 - July 18-22 (Grades 4-6)

Family Rate: If someone from your family has already attended a camp this summer (or this same week), please check one:

- Second - \$145
Third - \$140
Fourth or more - \$135
Pre-Paid Camp Yearbook - \$15
Pre-Paid Camp T-Shirt - \$15
Registration Deposit - \$30 (Minimum: Non-Refundable) This will be deducted from tuition

DEADLINE: To receive the "early bird" rate of \$150, registrations must be received 21 days prior to camp beginning. All others received after the 21 days before camp will be charged the "regular rate" of \$160. All walk-ons will be charged the "on-site" rate of \$180. NO FAMILY DISCOUNTS WITH ON-SITE RATE.

I have read and will abide by all camp rules and regulations

Camper's Signature _____ TOTAL ENCLOSED \$ _____

Make Checks Payable to: Iowa Ministry Network, 10525 Buena Vista C Urbandale, IA 50322

STATEMENT OF HEALTH

Legal Guardian _____
Cell # _____ Home # _____
2nd Emergency Contact _____
Cell # _____ Home # _____

Insurance Company _____ Policy Number _____
Subscriber's Name _____ Date of Birth _____ Employer _____

History of:

- Selzures, Heart Trouble, Diabetes, Kidney, Bowel Habits, Bleeding, Surgeries, Menstrual Problems, Sleepwalking, Bedwetting, Headaches, Breathing Problems
Hay Fever, Asthma, Bee Stings, Plants, Foods, Medicatons

- Restricted Activities
Known to be carrier of any contagious or infectious disease?
Known behavioral or psychological problems or disorders?
Any known problems with lice in the last 6 months?
Current Medications: List all medications to be administered at camp:

Other Health Info:
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 nurse 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 purpose: I understand that Sunstream, Iowa Ministry Network, or any of it's employees are not to be held personally responsible for accidents.

Please write explanation for checked items:

Biological Parent/Legal Guardian Signature: _____ Relationship: _____ Date: _____