



2018 Camp Registration

Please complete the information below in order to register for summer camp at Ironwood Springs Christian Ranch. Your registration will not be complete until this form, full payment, and liability waiver(s) are received. Cancellations made two or more weeks prior to the first day of camp will receive a refund less a non-refundable \$100 fee. Cancellations made less than two weeks prior to the first day of camp will receive no refund. To register online, visit www.ironwoodsprings.com.

Camper Information

Name _____ Gender M / F Grade (fall of 2018) _____ Date of Birth ___ / ___ / ___
Address _____ City _____ State _____ Zip _____
Primary Contact Name(s) _____ Relationship _____
Primary Contact Phone _____ Primary Contact Email _____
Alternate Contact Name _____ Relationship _____
Alternate Contact Phone _____ Alternate Contact Email _____
Church Name/Affiliation _____ Roommate Request _____
T-shirt Size (circle one) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL
How did you hear about us? _____

Medical Information

Please list all medications needed, including method of administration, dosage and frequency as prescribed by a doctor:

Attendee has medical insurance: Yes / No Company _____ Policy No. _____

Family Doctor _____ Hospital/Clinic Name _____

Immunizations: DPT Yes / No Polio Yes / No MMR Date ___ / ___ / ___ Tetanus Booster Date ___ / ___ / ___

I give permission for attendee to receive the following medications: ___ Tylenol (Acetaminophen) ___ Advil (Ibuprofen)

Please share if attendee has any allergies or reactions to certain medications: _____

Please share if the attendee has any dietary needs: _____

Please share if the attendee has any special needs (i.e. ADHD, behavioral challenges, disabilities, etc.): _____

Please share if the attendee has any limitations has regarding activities, or anything else we should know: _____

By signing below, I certify that the information above is correct and that I have completed **ALL** fields in this form.

Primary Contact Signature _____ Date _____

Please send completed registration (both pages) with full payment and signed liability waiver(s) to the address below.

Ironwood Springs Christian Ranch
Journey Youth Programs
7291 County Road 6 SW
Stewartville, MN 55976

Phone: (507) 533-4315
Fax: (507) 533-8126
www.ironwoodsprings.com
youthprograms@ironwoodsprings.com



Camp Selection

Please mark which camp(s) you are registering for and any additional items or discounts that apply.

*Camps or tracks marked with an asterisk require an additional liability waiver form which can be found online.

✓	Camp	Age/ Grade (fall of 2018)	Dates	Check In	Check Out	Fee	Track Selection	Camp Picture	Camp Store Money	Early Drop-Off at 7:00am (includes breakfast)	Late Pickup at 5:00pm (includes snack)	Subtotal
	College Week	Age 18-24	June 4-8	1:30p	5:30p	\$300.00	N/A	N/A	N/A	N/A	N/A	\$
	Journey Day Camp	Grade 1-3	June 18-22	8:00a	4:00p	\$250.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$
	Launch Camp	Grade 3-5	June 18-22	8:00a	5:30p	\$350.00	__ *Horsemanship \$100.00	__ \$5.00	\$ _____	N/A	N/A	\$
	Quest Camp	Grade 6-8	June 25-29	8:00a	5:30p	\$380.00	__ Art __ Cooking __ *Horsemanship \$100.00 __ Robotics __ *Shooting Sports	__ \$5.00	\$ _____	N/A	N/A	\$
	Horse Camp* Advanced	Age 12-18	July 5-7	8:00a	7:30p	\$350.00	N/A	__ \$5.00	N/A	N/A	N/A	\$
	SOAR	Grade 6-10	July 5-8	3:00p	4:00p	\$250.00	N/A	__ \$5.00	N/A	N/A	N/A	\$
	Encounter Camp	Grade 9-12	July 9-13	8:00a	5:30p	\$380.00	__ Art __ Cooking __ *Horsemanship \$150.00 __ Robotics __ *Shooting Sports	__ \$5.00	\$ _____	N/A	N/A	\$
	Leader in Training Camp	Grade 9-12	July 18-22	8:00a	1:30p	\$380.00	N/A	__ \$5.00	N/A	N/A	N/A	\$
	Journey Day Camp	Grade 1-3	July 23-27	8:00a	4:00p	\$250.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$
	Horse Day Camp* Beginner (Session I)	Age 8-14	July 23-27	8:00a	4:00p	\$325.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$
	Horse Day Camp* Beginner (Session II)	Age 8-14	July 30 - Aug 3	8:00a	4:00p	\$325.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$
	Journey Day Camp	Grade 1-3	Aug 6-10	8:00a	4:00p	\$250.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$
	Horse Day Camp* Intermediate	Age 8-18	Aug 6-10	8:00a	4:00p	\$350.00	N/A	__ \$5.00	N/A	__ \$25/ week	__ \$25/ week	\$

Discounts and Donations

Early Bird Discount – if registration is received by May 1 (April 4 for College Week)	__-\$20.00
Multi-Camp Discount – if your child is registered for more than one camp per season (must pay full price for child's first camp)	__-\$15.00
Multi-Child Discount – if you have registered more than one child per season (must pay full price for first child's registration)	__-\$15.00
Donation for the Youth Camp Scholarship Fund	\$
Total Fees	\$

Payment Information

___ **Credit Card** (circle one) Visa MC Discover _____ - _____ - _____ - _____ Exp: ___ / ___ CVV: _____

Name on Card: _____ Billing Street Address: _____ Zip: _____

___ **Cash** ___ **Check No.** _____ **Amount Enclosed / Amount to Charge \$** _____



Release of Liability Form – Camps

Camper Name _____ **Camp Attending** _____

Ironwood Springs Christian Ranch, its officers, directors, agents, representatives, employees, volunteers, successors, and affiliates (hereinafter, "Ironwood") has granted permission for the above named person to participate in a camp, program, or event at Ironwood and its associated activities, both on- and off-premise, including transportation to and from off-premise locations. I understand and certify that participation in a camp, program, event, or activity at Ironwood is completely voluntary and I have familiarized myself with the activities in which the camper will participate. As an adult or the parent or legal guardian having control or custody of the above named person, I hereby grant permission for this person's alleged participation.

I understand that Ironwood does not provide medical/liability insurance. I recognize that certain hazards and dangers are inherent in Ironwood events and programs, including, but not limited to, swimming, climbing, archery, zip lining, horseback riding, snow tubing, ice skating, bouldering, challenge course, and other activities. Although Ironwood takes certain precautions and safety measures to minimize the risk of injury, I acknowledge that Ironwood cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazard, accidents and/or injuries. In cases of minor to mild injury, accident, or illness, I grant permission for treatment by a member of Ironwood staff. In cases of moderate to serious injury, accident, or illness, I grant permission for a licensed physician to diagnose and treat the participant. I agree to pay all expenses for treatment, as deemed necessary by the physician or Ironwood staff. I agree to hold harmless, indemnify and defend Ironwood from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, property damage, or death, which may result from any person using Ironwood facilities, its premises, its entrances and exits, and surrounding areas, regardless of whether said incident results from the negligence of Ironwood or otherwise.

I understand that campers are expected to obey all Ironwood policies, rules, procedures, and verbal instruction. I understand that any camper demonstrating a willful disregard for Ironwood policies and rules is subject to immediate dismissal without refund. I understand that any camper who willfully damages or destroys Ironwood property or equipment will be held responsible and charged accordingly. I grant Ironwood full authority to implement discipline when necessary for the safety of all participants.

I grant Ironwood permission to use comments, photographs, and/or video images of the above named person for the purpose of marketing, publicizing and promoting. I waive any right to be compensated for the use of the camper's comments and/or image and release Ironwood from liability for any claims.

I represent that I am an adult or I am the parent or legal guardian of the above named person, that I am at least eighteen years of age, and that I am under no mental or legal disability which would prevent me from signing and executing this Release of Liability. I further represent that I have read, understand, and agree to the stated terms and conditions.

Signature _____ **Date** _____