



National Wheelchair Sports Camp Registration June 9-14, 2018

Please complete the information below in order to register for the National Wheelchair Sports Camp at Ironwood Springs Christian Ranch. Your registration will not be complete until this form, full payment, and liability waiver 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.

Attendee Information

Name _____ Gender M / F Date of Birth ___ / ___ / ___
Address _____ City _____ State _____ Zip _____
Primary Contact Name (if different than above) _____ 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 L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL
How did you hear about us? _____ Number of years in attendance at this camp ___
Type of Disability: _____ Shower Preference: ___ Tub w/ chair ___ Roll-in shower
Mobility: ___ Mobile ___ Cane ___ Walker ___ Manual Wheelchair ___ Electric Wheelchair ___ Scooter
Do you plan to participate in the Wheels & Heels of Fire 10K on Saturday at 8:30am? ___ Yes ___ No ___ Unsure
If yes, visit www.ironwoodsprings.com to fill out a registration form in advance and save time upon arrival.

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: _____

Transportation Information

Transportation is available from the Rochester airport and bus station; please indicate if transportation is needed. If you are flying into Minneapolis and do not plan to rent a car, we suggest the GO Rochester Direct shuttle 507-280-9270.

Arrival Date: ___ / ___ / ___ Departure Date: ___ / ___ / ___ Method: ___ Driving ___ Flying

If flying, which airport are you flying into? ___ Minneapolis (MSP) ___ Rochester (RST)

Airline: _____ Flight No. _____ Arrival Time: _____

If you will need to be picked up, at what time and location? _____

Payment Information

___ **Wheelchair Participant – Miracle Lodge: \$365.00**

___ **PCA – Miracle Lodge: \$315.00**

Private room and bathroom shared with another wheelchair participant. Bedding and towels provided. If you require a PCA, he/she may stay with you in the Miracle Lodge. If not, please consider registering a spot for your PCA in the dormitories/cabins in order to maximize opportunities for wheelchair participants to stay in the Miracle Lodge.

___ **Wheelchair Participant – Dormitories/Cabins: \$265.00**

___ **PCA – Dormitories/Cabins: \$215.00**

Lodging shared with 3-4 wheelchair participants. Bathrooms are in another location; bedding and towels not provided.

___ **Friday night early arrival (no extra charge)**

___ **Thursday night early arrival: \$20.00**

Other lodging options and/or early arrival may be available by request; please contact the office to discuss.

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

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

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

Registration is required for wheelchair participants and PCAs; please send your completed registration(s) with payment and signed liability waiver(s) to the address below. Feel free to contact us with any questions. Thank you!

**Ironwood Springs Christian Ranch
National Wheelchair Sports Camp
7291 County Road 6 SW
Stewartville, MN 55976**

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

Ironwood Springs
CHRISTIAN RANCH





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** _____