



Winter Summit Registration February 9-11, 2018

Please complete the information below in order to register your child for Winter Summit 2018 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 \$50 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 _____ Date of Birth ___ / ___ / ___
 Address _____ City _____ State _____ Zip _____
 Parent/Guardian Name(s) _____
 Parent/Guardian Phone _____ Parent/Guardian Email _____
 Alternate Contact Name _____ Phone _____
 Church Name/Affiliation _____ Roommate Request _____
 How did you hear about us? _____
 Long Sleeve T-Shirt Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL
\$10.00 pre-order (enclose payment) / \$15.00 at the door

Medical Information

Please list all medications needed, including dosage and frequency of administration as prescribed by child's doctor:

 My child has medical insurance: Yes / No Company _____ Policy No. _____
 Family Doctor _____ Hospital/Clinic _____
 Immunizations: DPT Yes / No Polio Yes / No MMR ___ / ___ / ___ Last Tetanus Booster ___ / ___ / ___
 I give permission for my child to receive the following medications: ___ Tylenol ___ Ibuprofen
 Please share if your child has any allergies or reactions to certain medications: _____

 Please share if your child has any dietary needs: _____
 Please share if your child has any special needs (e.g. ADHD, behavioral challenges, disabilities, etc.): _____

 Please share if your child has any limitations 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.

Payment Information

___ Camper: \$100 ___ Camper (groups 10+): \$85/camper ___ Youth Leader: \$75 ___ Camp Shirt: \$10
 Credit Card (circle one) Visa MasterCard Discover _____ - _____ - _____ - _____ Exp: ___ / ___ CVV: _____
 Check No. _____ Amount _____ Signature _____ Date _____

Ironwood Springs Christian Ranch
Attn: Grace Buckner
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 Fax: (507) 533-8126
www.ironwoodsprings.com
 Email: grace@ironwoodsprings.com





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** _____