



# Winter Summit Registration

## February 8-10, 2019

Please complete the information below in order to register your child for Winter Summit at Ironwood Springs Christian Ranch. Your registration will not be complete until this form, payment, and liability waiver are received. Cancellations made at least one week prior to the first day of camp will receive a refund less a non-refundable \$25.00 fee. Cancellations made less than one week prior to the first day of camp will receive no refund. There will be no refund for those who miss any portion of the event. To register online, visit [www.ironwoodsprings.com](http://www.ironwoodsprings.com).

### Camper Information

Name \_\_\_\_\_ Gender M / F Grade \_\_\_\_\_ 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 \_\_\_\_\_  
 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**  
 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 my child to receive the following medications: \_\_\_ Tylenol \_\_\_ Ibuprofen  
 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 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: \_\_\_\_\_  
 \_\_\_\_\_  
 Please share if the attendee has any dietary needs: \_\_\_\_\_

### Payment Information

\_\_\_ Camper: \$100 \_\_\_ Camper (groups 10+): \$85/camper \_\_\_ Youth Leader: \$75 \_\_\_ Camp Shirt: \$10  
 \_\_\_ Credit Card (circle one) Visa MC Discover \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ CVV: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Billing Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_ Cash \_\_\_ Check No. \_\_\_\_\_ Amount Enclosed / Amount to Charge \$ \_\_\_\_\_

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 with payment and signed liability waiver 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](http://www.ironwoodsprings.com)  
[youthprograms@ironwoodsprings.com](mailto:youthprograms@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** \_\_\_\_\_