



Lake Placid, Pillager, MN~ August 4-7, 2010
SLT Leadership Training Participant Permission Slip

- Cost: \$100.00 \*Cost includes transportation, meals, lodging, training supplies & adventure activities - bring \$25 for spending money.
• Transportation: Arrive to Side By Side's Office at 8:00AM (4th) and return around 3:30PM (7th).
• Application: each participant is required to fill out x2 permissions slips as well as the SLT Application to participate.
• Mail to SBS: check payable to SBS along with SBS & Camp Shamineau permission slip & application.
• Questions: SLT@sbsyouth.org or call 763-797-0441

Name Phone Mobile

Address Email

City State Zip

Sex: M F Grade in 2010-2011 school year
Birth Date Parent/Guardian Name
Parent's Email Address:
Group or Church

In Case of Emergency: I understand that every effort will be made to contact me. If I cannot be reached I hereby give Side By Side Ministries the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Side By Side Ministries.

Signature of Parent or Guardian
Daytime Phone
Cell Phone

In case parents are unreachable, please contact:
Name
Phone

Additional comments regarding medical history, allergies, penicillin, or drug reactions, which may be needed in treatment:

Note: Be sure to pack inhalers or any necessary medicines!

Parents/Guardian's Insurance Co
City State Zip
Policy Number



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**SLT LEADERSHIP RETREAT APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**Circle school year completed as of August 2010: High School: 9 10 11 12**

**Church you attend?** \_\_\_\_\_

**GENERAL QUESTIONS**

**What does it mean to be a leader?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does your faith challenge you to serve others?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe why you want to participate as a member of Servant Leadership Teams. Include why/how you feel this ministry is important...**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name (print):** \_\_\_\_\_

**Camp Shamineau, Shamineau Ranch and Shamineau Adventures**  
**Minor with Guest Group Release Form**

**Individual Covered by this release (*please print*):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Acknowledgement of Risk, Medical and Media Release**

*I have chosen to allow my child to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, swimming, the blob, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, skateboarding and rollerblading, climbing the ice tower, or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for my child if necessary. I further authorize the camp to use photos or videos taken of my child at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.*

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)