

MIDCOURSE CORRECTION

CHALLENGE CAMPS

REGISTRATION FORM | PLEASE FAX THIS FORM TO 517-376-6358

Camper's Name

DOB (Month / Day / Year)

Gender

Age

Parent/Guardian Name and Role (Mother/Father, etc.)

Parent/Guardian Name and Role (Mother/Father, etc.)

Email Address

Email Address

Phone Number

Phone Number

Home Address

City / State / Zip

CAMP INFORMATION

Please write the dates you are registering for: _____

Please mark which camp you are registering for.

☐ Challenge Camp

☐ Honor Company: Relationships

☐ Honor Company: Integrity

☐ Level Ground

☐ Honor Company: Charity

☐ Honor Company: Self-Control

Please mark which camps you have previously attended.

☐ Challenge Camp

☐ Honor Company: Relationships

☐ Honor Company: Integrity

☐ Level Ground

☐ Honor Company: Charity

☐ Honor Company: Self-Control

MEDICAL INFORMATION

Does your child have any physical, emotional, mental, or behavioral challenges which have been professionally diagnosed or are under evaluation?

☐ Yes

☐ No

CONTINUED ON NEXT PAGE

Please mark the severity of all applicable conditions using this scale: 1 = mild, 2 = moderate, 3 = severe

___ Asberger's	___ Immune disorder	___ Bone/Joint/Muscle (MDS/CP/Other)	___ Emotional concerns
___ Autism	___ Seizure disorder	___ Hearing impaired	___ Allergies
___ ADD/ADHD	___ Asthma	___ Heart trouble	___ Other

Insurance Company

LIMITED PURPOSE POWER OF ATTORNEY & RELEASE OF LIABILITY

I. Consent to Treatment of a Minor

- a. By signature below, the undersigned appoints Bob Miller or Chris Joseph, employees of Midcourse Correction Challenge Camp Inc., each to act alone, or delegate to another person, the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) determined necessary or desirable by the attending physician at the hospital.
- b. This Power of Attorney shall continue until revoked by the undersigned, or six months from the date signed below, whichever is earlier. Physicians or the hospital's medical staff may assume and rely on this authorization being current and in effect during such period unless notified otherwise.
- c. The undersigned certify that they have read this Power of Attorney (or had it read to them), that they understand this Power of Attorney and sign it voluntarily.
- d. Any person or entity may fully and completely rely on a copy of this Power of Attorney as if it were the original.

II. Release and Indemnity Agreement for Midcourse Correction Participants (Age 17 and under)

- a. By signature below, I certify the following: (1) that my child's participation in Midcourse Correction Challenge Camp Inc. (Midcourse Correction) activities and programs, and my authorization of my child's participation in Midcourse Correction activities and programs, is completely voluntary, and (2) that I have familiarized myself with the Midcourse Correction activities and programs in which my child will be participating. I further recognize and have instructed my child in the importance of knowing and abiding by Midcourse Correction's rules, regulations and procedures for the safety of camp participants, and (3) I understand that Midcourse Correction reserves the right to refuse admission to any camper that they feel could be a detriment to any other campers, and (4) I understand and give permission that in the event my child's behavior poses a risk of injury to themselves, staff or other campers Midcourse Correction staff may have to restrain my child using recognized and licensed means of restraint, and (5) I give permission to Midcourse Correction to keep my child until picked up by the parent or legal guardian in the event my child wants to leave the camp.
- b. I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by Midcourse Correction, including, more specifically, but not limited to, the activities of horseback riding, swimming, blobbing, rock climbing, swamp walk, high ropes, and zipline. I acknowledge that although Midcourse Correction has taken safety measures to minimize the risk of injury to camp participants, Midcourse Correction cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. Moreover, I understand that participation in any such activities may involve the risk of injury and loss, both to the person and to property, and that the risks may include the possibility of permanent disability or death, I assume all such risks connected with my child's participation in Midcourse Correction activities and programs.
- c. I understand that in the unlikely event of a serious illness or injury, every effort will be made to notify the parent or legal guardians at the earliest possible time without jeopardizing the care of the camper or minor

staff. Parents or guardians will be notified if their child receives treatments for an injury/illness that requires a physician.

- d. I understand that there may be elements of risk associated with activities at camp. I give permission for my child to participate in all activities at camp and hereby release and agree to indemnify and hold harmless Midcourse Correction and Howell Nature Center, their respective trustees, officers, employees, agents, and volunteers from any and all claims of any nature arising from such participation.

III. Photo Release

- a. Photographs and video footage of my child as a result of participation in activities at Midcourse Correction may be used in Midcourse Correction's promotional materials or website.

Parent/Guardian Signature (Signature required for admittance for camp)

Date (Month / Day / Year)

PAST BEHAVIOR DESCRIPTION

Please provide detailed examples of your child's behavior and actions. The more detailed information we have, the better we can help your child. If you go past the space provided, a scroll option will appear on the right side.

Please help us with the following information to better equip us to help your child: (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Never married | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Birth parents | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Blended family |

How did you hear about us?

- ☐ Agency ☐ Court ☐ Police ☐ Internet ☐ Friend ☐ Other:_____

MEDICATION FORM

Please list all medication that your child will need to take during the weekend camp, if any. Please note that prescriptions will ONLY be accepted in the original prescription bottle with the name of the camper and dosage clearly displayed. Please ONLY bring enough medication for what will be needed during camp. We cannot accept full bottles of medication. Extras not needed at camp will be returned to you at registration.

Camper's Name :			FOR OFFICE/STAFF USE ONLY								
MEDICATION	DOSAGE	FREQUENCY	FRIDAY		SATURDAY			SUNDAY			
Example: Prozac	25mg tablet	1 at breakfast, 1 at lunch, 1 at dinner, 1 at bed									

<p>Please check which medications your child can take, if any.</p> <p><input type="checkbox"/> Ibuprofen <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Aspirin <input type="checkbox"/> Benadryl</p> <p>Please check which conditions your child has, if any.</p> <p><input type="checkbox"/> Hepatitis <input type="checkbox"/> Herpes <input type="checkbox"/> HIV/AIDS</p> <p>Please check which allergies your child has, if any.</p> <p><input type="checkbox"/> Seasonal <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Other: _____</p> <p>Does your child have...</p> <p><input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epi-Pen</p>	<p>Please explain if your child's activity should be limited because of any physical defect, illness, injury, or operation.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I, Parent or Guardian, confirm that the medication, dosage, and distribution information for my child is correct.

Parent/Guardian Signature (Signature required for admittance for camp)

Date (Month/Day/Year)