



Fax this form to 810.844.2431

Midcourse Correction Challenge Camp, Inc. 2010 Registration Form

Campers Name

Date of Birth

Gender M F Age

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

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

Home Phone Cell Phone

Home Phone Cell Phone

Address

Parent Email Address

City, ST ZIP Code

Camper's Email Address

Camp Information

Program:

Previous Camp Attendance:

- Challenge Camp Honor Company Level Ground ICE (Individual Camper Experience)

- None Challenge Camp HC-North HC-East HC-South HC-West

Week # (From Schedule) Start Date

Reasons for attending: (check all that apply)

- Lying Mouthy Disobedient Stealing Drugs Alcohol Running Away Anger Violence Sex Truancy Disrespect Lazy Manipulating

Medical Information

Does your child have any physical, emotional, mental, or behavioral challenges which have been professionally diagnosed, or are under evaluation? Yes No

Table with 2 columns: Severity (1 Mild, 2 Moderate, 3 Severe) and Conditions (Bone/Joint Muscle, Hearing Impaired, Heart Trouble, Emotional Concerns, Behavior Concerns, Asbergers, Autism, ADD/ADHD, Immune Disorder, Seizure Disorder, Asthma, Allergies, Other)

Additional Information

Name of Insured and Social Security Number

Insurance Company

Policy Number

Should your child's activity be restricted because of any physical defect, illness, injury, or operation? Yes No If yes, please explain:

LIMITED PURPOSE POWER OF ATTORNEY & RELEASE OF LIABILITY

- I. Consent to Treatment of a Minor
A. By signature below, the undersigned appoints Richard Wood or Stacy Holmes 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 until December 31, 2010, 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.

II. Release and Indemnity Agreement for Midcourse Correction Participants (Age 17 and under)
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.
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.
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.
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 Covenant Hills Camp and their respective trustees, officers, employees, agents, and volunteers from any and all claims of any nature arising from such participation.

III. Photo Release
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's/Guardian's Signature (Signature required for admittance into camp)

Date

