



Fax this form to 810.844.2431

Midcourse Correction Challenge Camp, Inc. Registration Form

Registration form fields: Campers Name, Date of Birth, Gender, Age, Parent/Guardian Name and Role, Home Phone, Cell Phone, Address, Parent Email Address, City, ST ZIP Code, Camper's Email Address

Camp Information

Camp information fields: Program, Previous Camp Attendance, Reasons for attending, Week #, Start Date

Medical Information

Medical information section: Does your child have any physical, emotional, mental, or behavioral challenges... Please indicate the severity of all applicable conditions...

Additional information fields: 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.
B. This Power of Attorney shall continue until revoked by the undersigned, or six months from the date signed below...
C. The undersigned certify that they have read this Power of Attorney...
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)
By signature below, I certify the following: (1) that my child's participation in Midcourse Correction Challenge Camp Inc. (Midcourse Correction) activities and programs...
I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by Midcourse Correction...
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...
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



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Please provide detailed examples of your child’s behavior and actions. The more detailed information we have the better we are able to help your child. (If more space is needed, please write on separate paper.)

Multiple horizontal lines for writing.

Please list all medication that your child will need to take during the weekend camp, if any. Please also indicate any medication your child is allergic to, such as Ibuprofen, Penicillin, etc.:

Camper’s Name: _____

Medication	Dosage	Frequency	Diagnosis (Why?)

Allergies: (please circle all that apply) **Seasonal/Food/Medication/Insect/Latex** (please indicate specifics) _____

Anaphylactic yes/no **Epi Pen** yes/no

PLEASE NOTE: Prescriptions will only be accepted in the original prescription bottle with the name of the camper and dosage clearly displayed. Please only include enough medication for what will be needed during camp.

Please help us with the following information to better equip us to help your child: (Check all that apply) Adopted Birth Parents Parents divorced Single Mom/Dad Foster Care Blended Family Grand Parents Never Married

How did you hear about us? Agency Court Police Internet Friend Other _____



Covenant Hills Challenge Adventure Program Participation Agreement

Print Participant Name

Honor Company N E S W
Print Name of Group

Instructions: Please read the form carefully. Each participant and / or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the process.

I understand that my participation in programs offered by the Challenge Adventure Program at Covenant Hills is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to the following guidelines as presented.

I understand the employees of Covenant Hills have received extensive training, and will work to protect the emotional and physical safety of myself and / or my child. I understand that climbing, high ropes, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate and / or allow my child to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my / my child's participation, and do hereby release Covenant Hills / Free Methodist Church and it's members, trustees, officers, employees, independent contractors and agents from all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon all parties during the entire period of participation in the said program.

I grant Covenant Hills and persons acting through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

Age:_____ Birthday:_____

Address City State Zip

Person to be contacted in case of emergency: Name:_____

Home Phone:_____ Business Phone:_____

Activity Start Date:_____ Activity End Date:_____

Signature of Participant (Required)

Signature of Parent / Guardian
(REQUIRED if participant is under 18)

Print Participant Name

Print Parent Name