

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.

- | | | |
|---|---|--|
| <input type="checkbox"/> Challenge Camp | <input type="checkbox"/> Honor Company: Relationships | <input type="checkbox"/> Honor Company: Integrity |
| <input type="checkbox"/> Level Ground | <input type="checkbox"/> Honor Company: Charity | <input type="checkbox"/> Honor Company: Self-Control |

Please mark which camps you have previously attended.

- | | | |
|---|---|--|
| <input type="checkbox"/> Challenge Camp | <input type="checkbox"/> Honor Company: Relationships | <input type="checkbox"/> Honor Company: Integrity |
| <input type="checkbox"/> Level Ground | <input type="checkbox"/> Honor Company: Charity | <input type="checkbox"/> Honor Company: Self-Control |

MEDICAL INSURANCE INFORMATION

Insurance Company Name

Name & DOB of Policy Holder

Enrollee ID / Policy Number

Group Number

LIMITED PURPOSE POWER OF ATTORNEY & RELEASE OF LIABILITY

I. Consent to Treatment of a Minor

- a. By signature below, the undersigned appoints John Millard and the 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 signing 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 Our Lady of the Fields, 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 separated | <input type="checkbox"/> Blended family |

How did you hear about us?

- | | | | | | |
|---------------------------------|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Court | <input type="checkbox"/> Police | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |
|---------------------------------|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------------|

COVID-19

Midcourse Correction Challenge Camp Waiver Form

By signing this agreement form, I acknowledge that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending Midcourse Correction Challenge Camp, and parent session, I voluntarily assume, on my child's behalf, myself, all other family members, and friends all risks related to exposure to COVID-19 and agree not to hold Midcourse Correction Challenge Camp, or any of their affiliates, volunteers, staff, director, etc liable for any illness or injury.

If, at any time in the following two weeks after camp, your child or any family member in the household contracts COVID-19, please call the Midcourse Main office at 810-227-0243 so the Director can contact all other parties from that weekend.

Thank You.

Sincerely,

Midcourse Correction
Board of Directors

Please Print Parent Name: _____

Please Print Child's Name: _____

Please Sign (Parent Name)

X: _____

Date:

**OUR LADY OF THE FIELDS CAMP AND RETREAT CENTER
MINOR PARTICIPANT AGREEMENT FORM**

MINORS

(One child per form, please.)

LEGAL NAME OF CHILD: _____

LEGAL ADDRESS OF CHILD: _____

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

With my signature below, I give my consent for my child, whom I identify in the above section, to participate in any and all activities and events at Our Lady of the Fields Summer Camp and Retreat Center, which is owned and operated by the St. Thomas Chaldean Catholic Diocese of West Bloomfield Township, Michigan.

I agree that in order for my child to participate in any and all activities and events, I must read and voluntarily agree to the following terms and conditions of this agreement on my child's behalf.

I willingly give my consent for my child to participate in any and all activities and events at Our Lady of the Fields Camp and Retreat Center. I assert that my consent for my child's participation is entirely voluntary. Acting on my child's behalf, I expressly acknowledge and agree that there are risks, both inherent and unforeseeable, attached to all of the activities that my child may participate in, including but not limited to waterfront activities and the high and low ropes course programs. These activities and events may cause sickness, minor injury, serious injury, or even death. I also expressly acknowledge and agree that, even with safeguards in place, Our Lady of the Fields Camp and Retreat Center cannot guarantee that my child will not incur any sickness, minor injury, serious injury or even death.

PUBLICITY WAIVER

I give permission to Our Lady of the Fields Camp and Retreat Center to photograph and/or audio or video record my child. They may use these photographs and/or recordings for educational, professional, and publicity purposes for Our Lady of the Fields Camp and Retreat Center and its Community Partners.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In order to consent for my child to participate in any and all activities and events, I expressly agree, on my child's behalf, to assume all risks. Furthermore, on my child's behalf, I expressly waive, release, discharge and hold harmless Our Lady of the Fields Camp and Retreat Center, The Chaldean Catholic Church of the United States of America, its directors, officers, agents, employees, assigns, and any volunteers (altogether referred to as "Camp Parties"), from and against all liability for loss or damage of property or money, any sickness, injury (minor or serious) or death that my child may incur, or any claim of any kind, however caused, resulting from or related in any way to my participation in any and all activities and events at Our Lady of the Fields Camp and Retreat Center.

INDEMNIFICATION

I expressly agree to indemnify and hold harmless Our Lady of the Fields Camp and Retreat Center and all the Camp Parties from any liability to my child or any third party, resulting from or in any way relating to my child's participation in any and all activities and events.

AGREEMENT NOT TO SUE

I expressly agree not to sue Our Lady of the Fields Camp and Retreat Center and all the Camp Parties for any claim, present or future, that I may have on my child's behalf, that may result from or in any way be connected to, my child's participation in any and all activities and events.

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LEGAL NAME OF CHILD: _____

LEGAL ADDRESS OF CHILD: _____

NAME OF PARENT/GUARDIAN SIGNING THIS FORM (please print):

COVID-19

By signing this agreement form, I acknowledging that there is an inherent risk of exposure to COVID- 19 in any public place where people are present. By attending Our Lady of the Fields Camp and Retreat Center, I voluntarily assume, on my child's behalf, all risks related to exposure to COVID-19 and agree not to hold Our Lady of the Fields Camp and Retreat Center; or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

SEVERABILITY

I expressly agree that the above-mentioned Assumption of Risk, Waiver of Liability and Agreement Not to Sue are intended to be as general and wide-ranging as is allowed by the laws of the State of Michigan. If any provision of this agreement or any part of any provision of this agreement is held invalid, illegal or unenforceable under Michigan law, the remaining parts and/or provisions shall not be affected or impaired in any way. I understand the terms and conditions of this agreement.

I acknowledge and agree that this agreement is binding upon my heirs and assigns. I expressly and voluntarily agree to all terms and conditions contained in this agreement. By signing below, I verify that I have thoroughly read all the contents of this agreement and hereby agree to all of the terms and conditions stated above.

SIGNATURE OF PARENT/GUARDIAN SIGNING THIS FORM:

DATE: _____