

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 Jessica Grima 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 Chenango Lake Retreat, 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: _____ |
|---------------------------------|--------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------------|