

Challenge Camp 2024

Registration Packet

July 1 - 6, 2024

This packet includes:

- 1. Challenge Camp WI 2024 Registration Form**
- 2. Registration Fee Schedule and Information**
- 3. Permission to Participate in Activities Form and Waiver (3 pages)**
- 4. Health/Medical Form**
- 5. Challenge Camper Registration Checklist**

Challenge Camp WI 2024 Registration Packet

Child's Full Name: _____

DOB: _____ Grade for **next** school year (2024-2025): _____

Shirt Size: Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL (Circle one)

Father's Name: _____

Mother's Name: _____

Parent's Email: _____

Parent's Phone #: _____

Home Address: _____

Special Dietary Meals: (The camp is happy to provide special plates, but does charge extra)

- Gluten Free (\$30)
- Dairy Free (\$21)
- Both Gluten and Dairy Free (\$51)

*** All additional allergy information is on the health form

Notes for Camp Facilitators: _____

IMPORTANT: Registration form must be completed **either** online at missionnetworkmsp.org or on paper and mailed in by June 1, 2024. All other forms must be printed, filled out, and returned by June 1, 2024, along with payment to:

Challenge Camp 2024
Attn: Nichole Moudry
9696 226th LN NW
Elk River, MN 55330

Registration Fee Schedule and Information

- **Early Bird Registration: \$395 (received through April 30, 2024)**
- **Full price: \$435 (received after April 30, 2024 to June 1st, 2024)**
- **After June 1st, 2024 you must contact Nichole Moudry for options.**

If your daughter has a special diet, there is an additional cost for meal preparation. For gluten free diets it is \$30 per week, and for dairy free diets it is \$21 per week. Please make sure to include the special diet request on the registration form.

Fee covers lodging, meals, activities, supplies, and stipends. It does not include transportation or meals to and from camp. There is also a snack shack available to the girls which is offered by Sky Lodge. Many of the girls bring extra cash for that. All girls are asked to bring a container of individually wrapped snacks to share. These are collected as the girls arrive and we have snack time every day.

Make Checks Payable to: Mission Network Minneapolis St. Paul

Please send all payment and forms by June 1, 2024, to Nichole Moudry.

Cancellation and Refund Policy: Until June 1st, there is a \$50 cancellation fee.

After June 1st, 2023 the registration fee is NOT refundable.

For questions please contact Nichole Moudry by email at nichole@moudry.net or call 612-802-5059.

PERMISSION TO PARTICIPATE IN ACTIVITIES

2023 - 2024
RC ACTIVITIES, INC.

1. CHILD'S NAME: _____ CHILD'S BIRTHDATE: _____ GRADE IN SCHOOL: _____
2. NATURE AND DURATION OF ACTIVITIES: Challenge Summer Camp Montello, WI, July 1 - July 6, 2024 for campers; June 29 - July 6, 2024 for team leaders
3. ACTIVITY SUPERVISOR(S): Nichole Moudry, Father Chad Everts, Olivia Steeves CRC, other approved adults
4. TRANSPORTATION: Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.
5. MENTORING: Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a one-on-one conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).
6. REQUIREMENTS: The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 10 below.
7. CONSENT: I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.
8. AUTHORIZATION: I/We hereby authorize RC Activities, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.
9. INSURANCE: I/We understand that RC Activities, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
10. EMERGENCIES: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Note: If your child is taken to the emergency room, no vaccines may be given without parental consent.

Allergies / Medical Problems: See attached health form

EMERGENCY CONTACTS: If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Parent's (or Guardian's) Contact Information:

Mother's Name:

Father's Name:

Email:

Email:

Address:

Address:

Cell Phone:

Cell Phone:

Alternate Phone: _____

Alternate Phone: _____

Alternative Emergency Contact Information

Name: _____ Relationship: _____

Cell Phone: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Alternate Phone: _____

11. I give permission for Event Supervisor(s) and Club Leader(s) to communicate with my child using text messaging and/or email regarding the details of the Activity / Program (Only participants 15 years old and older).

Parent/Guardian Printed Name

Parent/Guardian Signature

Child's email address: _____

Child's Cell Phone number: _____

I would like to be copied on all emails and text messages to my child. YES / NO

Parent / Guardian email address: _____

Parent / Guardian Cell Phone number: _____

I do not wish to have my child contacted: _____

Parent / Guardian Signature

12. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by RC Activities, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

ASSUMPTION OF COVID-19 RISK AND WAIVER OF LIABILITY

I acknowledge [for myself and/or my child(ren)] the highly contagious nature of COVID-19, as well as its potential to cause infection, illness, injury, permanent disability, and death. I voluntarily accept and assume the risk that I may be exposed to or infected by COVID-19 by visiting/participating/attending the above named event operated by RC Activities, Inc. I further accept [for myself and/or my child(ren)] and assume the risk that such exposure or infection may result in my [my child(ren)] personal injury, illness, permanent disability, and/or death. RC Activities, Inc. cannot prevent you [for yourself and/or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while visiting/participating/attending the above named event. It is not possible to prevent against the presence of the disease. Therefore, if you [for yourself and/or your child(ren)] choose to visit/participate/attend the above named event you [for yourself and/or your child(ren)] may be exposing yourself [your child(ren)] to and/or increasing your risk of contracting or spreading COVID-19.

I understand that the risk of becoming exposed to or infected by COVID-19 may be increased as a result of the actions, omissions, and/or negligence of RC Activities, Inc., including its independent contractors, agents, vendors, guests, and employees. I voluntarily assume [for myself and or my child(ren)] all of the risks of COVID-19 and of COVID-19 exposure and accept sole responsibility for any harm to me [my child(ren)] (including, but not limited to, personal injury, illness, permanent disability, and death).

In consideration of RC Activities, Inc. allowing me onto its premises/visiting/participating/attending the above named event I also, on behalf of myself [my child(ren)] and my successors and representatives, waive, release, and forever discharge RC Activities, Inc., its agents, employees, officers, directors, contractors, customers, successors, and assigns from any and all claims and causes of action of any kind or nature which are in any way related, directly or indirectly, to COVID-19, which I may have or that hereafter may accrue, including any such claims or causes of action caused in whole or in part by the negligence of RC Activities, Inc., its agents, employees, officers, directors, contractors, customers, successors, and assigns. I [for myself and/or my child(ren)] further agree that I will not bring any claim or cause of action against RC Activities, Inc., its agents, employees, officers, directors, contractors, customers, successors, and assigns related in any way, directly or indirectly, to COVID-19, and/or any associated personal injuries, illness, disability, or death.

I [for myself and/or my child(ren)] further agree to indemnify, defend, and hold harmless RC Activities, Inc., its agents, employees, officers, directors, contractors, customers, successors, and assigns from any claims or causes of action of any kind arising from my exposure to COVID-19 as a result of visiting/participating/attending the above named event provided by RC Activities, Inc.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: _____

Parent / Guardian Printed Name

Parent / Guardian Printed Name

Parent / Guardian Signature

Parent / Guardian Signature

HEALTH AND MEDICAL FORM
FOR RC ACTIVITIES: CHALLENGE SUMMER CAMP 2024

JULY 1ST TO JULY 6TH, 2024

Name

Last name

M Initial

DOB

Weight

Height

Insurance Information:

Name of Doctor: _____

City/State/Country: _____

Insurance Provider: _____

Insurance Policy Number: _____ Phone Number: _____

Copy of Insurance card attached

Yes

No

Medical Information: Please note if allergy is life threatening and attach an allergy action plan.

Medicine Allergies:

Food Allergies: (please remember to send any special food items with your daughter)

*If Gluten or Dairy free - the camp provide special plates (additional charges apply – see payment)

Other Allergies:

Course of Action in case of non-anaphylactic allergic reaction:

Date of last tetanus vaccine: _____

Is your daughter currently taking any medications?

No

Yes:

Type of

Medication: _____

For: _____

Dose/Administering Instructions: _____

Has your daughter had any major surgeries?

No

Yes: _____

Date: _____

Has your daughter been in an accident or hospitalized in the last few years?

No

Yes. Details:

Please mark any illnesses, symptoms or allergies your daughter has:

Frequent stomach Pains

Digestive problems

Eating disorder

Rheumatic fever

Urinary infection

Emotional Disorder

Measles

Sensitivity to Sun

Asthma

Fainting

Ear Infection

Sleepwalking

Rubella

Convulsions

Bronchitis

Chicken Pox

Impetigo

Hepatitis

Frequent chills

Sinusitis

Epilepsy

Hernia

Diabetes

Heart problems

Migraines

Kidney Infections

Anemia

Notes and anything else we should know:

Challenge Camper Registration Checklist

NO CAMPER IS ALLOWED TO ATTEND CAMP WITHOUT ALL FORMS

COMPLETED AND RETURNED BY JUNE 1, 2024

- Payment - if not done online**
- Registration Form - if **not** done online
- Permission to Participate Form
- Health/Medical Form
- Copy of Medical Insurance Card (front and back please)
- All forms and payment must be completed and received by June 1, 2024 .

Make checks payable to: Mission Network MSP

Please include this checklist with your forms and initial the acknowledgement below:

_____ I have read and agree to the electronic and dress code policy as stated in
the information packet

Please send all forms and payment to:

**Challenge Camp 2024
Attn: Nichole Moudry
9696 226th LN NW
Elk River, MN 55330**