

Registration Packet

**Challenge Summer Camp WI
2018**

This packet includes:

Camper Registration Checklist

Volunteer Information & Volunteer Form

All camper forms

Camper Registration Checklist

All forms and a min of \$50 of the camp payment must be paid or sent in by June 1st, in order to secure a spot. The remainder of your payment may be given upon arrival.

NO CAMPER IS ALLOWED TO ATTEND CAMP WITHOUT ALL FORMS COMPLETED

- Payment
- Registration Form
- Permission to Participate Form
- Medical Form
- Copy of Medical Insurance Card

Please complete all of the above: payments can be made online at:

www.missionnetworkmsp.org

or send payment and forms via mail to

Challenge Summer Camp
Attn: Kathy Vogel
7815 Victoria Dr
Victoria MN, 55386

Volunteer Information

Challenge Summer Camp WI welcomes those who would like to volunteer. Please let us know if you would like to help out this year!

What are the Requirements of a Chaperone?

1. Chaperones must provide a copy of their VIRTUS training certificate.
2. Chaperones must comply with all other Diocesan Requirements for the diocese you are residing in.
3. Chaperones must complete volunteer training with Mission Network:
<https://www.missionnetwork.com/volunteers>
4. Please email Kathryn Vogel, kvogelmn@gmail.com, if you have any questions.

What does a Chaperone do?

- Supervise activities when needed
- Set up crafts and activities before they begin
- Clean up from activities and keep areas organized when needed
- First Aid, photography, errands
- Supervise bedtime and wake up.
- Be the prayer warriors for all the campers and camp leaders!
- There will be daily gospel reflections offered for Chaperones, and one morning of reflection. Our Chaplin will also be available for confession and spiritual guidance for those who are interested.

What is the Cost?

Challenge camp does not charge Chaperones. However, the actual cost of volunteers for food, lodging and insurance is \$250, therefore any donations to help cover this cost are gratefully accepted.

What are the sleeping arrangements for summer camp?

Chaperones will sleep in bunkrooms in order to chaperone campers, and eat meals with the campers. Complementary coffee and tea are available in the main lodge day and night.

I would like to volunteer! What do I do?

Please fill out the attached Volunteer Form

Send the form and certificates to:

Camp Volunteer 2018 Attn: Kathy Vogel
7815 Victoria Dr
Victoria MN, 55386

Challenge Summer Camp WI 2018 Registration Form

IMPORTANT: Registration form must be completed with a minimum of \$50 of the camp's full payment to secure a spot.

Pay all fees online at www.missionnetworkmsp.org or mail below

Make Checks Payable to: "Mission Network Minneapolis St. Paul"

Send Registration and Payment to:

Challenge Camp 2018

Attn: Kathy Vogel

7815 Victoria Dr

Victoria MN, 55386

Child's Full Name: _____

DOB: _____ Grade for next school year (2018-2019): _____

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

Father's Name: _____

Mother's Name: _____

Parent's Email: _____

Parent's Phone Number: _____

Home Address: _____

Cancellation Policy: Until June 1st, there is a \$50 cancellation fee. After June 1st, the full registration is NOT refundable.

Payments may be done online or by mailing a check. This registration form may be mailed or emailed to kvogelmn@gmail.com

For questions please contact Kathy Vogel

kvogelmn@gmail.com

763-245-8957

**PERMISSION TO PARTICIPATE IN ACTIVITIES
2018-2019
MISSION NETWORK ACTIVITIES USA, INC.**

For Participates UNDER 18 Years Old
THIS FORM IS TWO PAGES

1. CHILD'S NAME: _____ CHILD'S BIRTHDATE: _____
2. **NATURE AND DURATION OF ACTIVITIES:** June 11th-16th. Swimming, horseback riding, paint balling, canoeing, sports and relays, team building, water games, hiking, Archery, mentoring, mass, prayers and conferences.
3. **ACTIVITY SUPERVISOR(S):** Maria Vogel, Adele Danner, Kathy Vogel and approved RC Activities Parent Chaperones.
4. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home. Mentoring is a private 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, physical health etc. will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).
5. **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/medical problems in the medical record form.
6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that she 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.
7. **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.
8. **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; **(b)** that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.
9. **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 & treatments, I/we have completed the medical information form for the above named child.
10. **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.

Parents/ Guardians Contact Information (If a guardian, please specify relationship.)

Father's Name: _____ Father's Number: _____

Father's Email: _____ Father's Alternative number: _____

Home Address: _____

Mother's Name: _____ Mother's Number: _____

Mother's Email: _____ Mother's Alternative number: _____

Home Address: _____

(If different from Father's)

Alternative Emergency Contact Information (Please list AT LEAST ONE alternative contact.)

Name: _____ Cell Number: _____

Relation: _____ Alternative number: _____

Name: _____ Cell Number: _____

Relation: _____ Alternative number: _____

Form continues to next page

11. **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.

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

DATE: _____

Parent / Guardian Signature

Parent / Guardian Signature

Parent / Guardian Name (Please Print)

Parent / Guardian Name (Please Print)

MEDICAL RECORD
FOR RC ACTIVITIES: CHALLENGE SUMMER CAMP WI 2018

JUNE 11TH-16TH

Name Last name M Initial

DOB Weight lbs. 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:

Medicine Allergies:

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

Blood type: _____ Date of last tetanus vaccine: _____

Is your daughter currently taking any medications?

- No
- Yes:

Type of Medication: _____

For: _____

Dose: _____

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Frequent stomach Pains | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Urinary infection | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Impetigo | <input type="checkbox"/> Kidney Infections |
| <input type="checkbox"/> Sensitivity to Sun | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent chills | |
| <input type="checkbox"/> Fainting | | |

Notes:

Volunteer Form

Challenge Summer Camp WI
June 11th-16th, 2018

PLEASE PRINT INFORMATION CLEARLY

First Name

Last Name

DOB

Phone Number

Email

Mailing Address

City

State/Zip

What is your diocese? _____

Do you know what other requirements are given by your diocese to comply with child protection?

Y Please Specify requirements:

N If no, please look it up on your diocesan website before attending camp.

Do you have a daughter attending camp? Y N

If yes, what is your daughter's name and grade: _____

Have you volunteered for camp in the past? Y N

Are you an RN? Y N

Please mark how you would like to help out this year:

- Help on day of set up and registration
- Chaperone the whole week (June 11th-16th)
- Chaperone for part of the week. Please specify dates:

- I am unable to help during the camp but please contact me if you need help with preparation or materials for camp.

THE FOLLOWING IS LEGALLY REQUIRED FOR YOU TO VOLUNTEER:

Have you taken Virtus training?

- Yes, I am including a copy of my certificate with this form
- No, but I will complete it by camp and bring a copy of my certificate to camp

Have you been trained as Mission Network Volunteer?

- Yes, I am including a copy of this certificate with this form
- No, but I will complete it by camp and bring a copy of my certificate to camp

Fill out online or Send form to: CAMP VOLUNTEER 2018 ATTN: Kathy Vogel, 7815 Victoria Dr., Victoria MN 55386. Must Send by: MAY 15th 2018 Questions: Kathy 763-245-8957