



Registration Packet

**Challenge Summer Camp
2022**

This packet includes:

Camper Registration Checklist

Volunteer Information & Volunteer Form

All camper forms

Camper Registration Checklist

Early Bird Registrants: \$395 full price; or \$50 deposit due before April 30, 2022, followed by a final payment of \$345 due by June 1st, 2022. Registrations received after April 30th, 2022: \$435 full price; or \$50 deposit at time of registration with a final payment of \$385 by June 1st, 2022.

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 pay and register online or send payment and forms to
Challenge Summer Camp
Attn: Kathy Vogel
7815 Victoria Dr.
Victoria MN, 55386

Volunteer Information

Challenge Summer Camp 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 Kathy 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. Complimentary 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 2022
7815 Victoria Dr.
Victoria MN, 55386

Challenge Camp WI 2022 Registration Form

IMPORTANT: Registration form must be completed with a minimum of \$50 at time of registration and the rest of payment by June 1st, 2022

Make Checks Payable to: Mission Network Minneapolis St. Paul

Send Registration and Payment to**:

Challenge Camp 2022

Attn: Kathy Vogel

7815 Victoria Dr.

Victoria MN, 55386

Child's Full Name: _____

DOB: _____ Grade for next school year (2022-2023): _____

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 Number: _____

Home Address: _____

Cancellation Policy: Until June 1st, there is a \$50 cancelation fee. After June 1st, 2022 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
2022 - 2023
RC ACTIVITIES, INC.

1. **CHILD'S NAME:** _____ **CHILD'S BIRTHDATE:** _____ **GRADE IN SCHOOL:** _____

2. **NATURE AND DURATION OF ACTIVITIES:** Challenge Summer Camp Montello, WI, June 6-11 campers, June 4-11 team leaders

3. **ACTIVITY SUPERVISOR(S):** Kathryn Vogel, Grace Vogel and other certified 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:

Blood Type: _____ Allergies / Medical Problems: _____

11. **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

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

Name: _____ Email: _____

Address: _____

Cell Phone: _____ Alternate Phone: _____

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

MEDICAL RECORD
FOR RC ACTIVITIES: CHALLENGE SUMMER CAMP 2022

JUNE 6TH-11TH

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)

*If Gluten or Dairy free, please send an additional \$20 for added fees

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:

The safety of our participants is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control, Prevention, and local health authorities.

In order to prevent the spread of the coronavirus and reduce the potential risk of exposure in our facility, we ask that you perform this self-assessment and use the CDC Coronavirus Self-Checker tool before attending the retreat.

1. Is your temperature over 100.0 F?
2. Do you have uncontrolled cough that causes shortness of breath (If you have chronic allergies/asthmatic cough, is your cough a change from your baseline cough?)
3. Have you had diarrhea, vomiting, or abdominal pain in the last 24 hours?
4. Do you have a new onset of severe headache?
5. Do you have muscle aches or weakness not associated with physical activity or medical condition?
6. Do you have a sore throat not associated with allergies?
7. Have you taken Ibuprofen/Tylenol for headache in the past 24 hours?
8. Have you had close contact in the last 14 days with someone who is currently sick with confirmed COVID-19 (Close contact is within 6ft for more than 15 minutes.)
9. Have you had close contact with someone suspected (waiting for test results or has symptoms) of COVID-19? (Close contact is within 6ft for more than 15 minutes.)
10. Have you or someone you live with traveled in the last 14 days to areas with travel warnings?



[Coronavirus Self-Checker | CDC](#)



Volunteer Form

Challenge Summer Camp
June 6th-11th, 2022

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 6th-11th)
- 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

Send form to: CAMP VOLUNTEER 2022. 7815 Victoria Dr. Victoria MN, 55386.

Must Send by: April 30th 2022