

# *Challenge Camp 2023*

## **Registration Packet**

**Challenge Summer Camp  
2023**

**This packet includes:**

**Camper Registration Checklist**

**Volunteer Information & Volunteer Form**

**All camper forms**

# Camper Registration Checklist

Early Bird Registrants: \$395 full price; before April 30, 2023, Registrations received after April 30th, 2022: \$435 June 1st, 2023.

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: Nichole Moudry  
9696 226th Ln NW  
Elk River, MN 55330

## 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 Nichole Moudry [nichole@moudry.net](mailto:nichole@moudry.net), 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 Chaplain 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 2023  
9696 226th LN NW  
Elk River, MN 55330

## **Challenge Camp WI 2023 Registration Form**

IMPORTANT: Registration form must be completed **either** online at [missionnetworkmsp.org](http://missionnetworkmsp.org) or on paper and mailed in.

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

Send Registration and Payment to\*\*:

**Challenge Camp 2023**

**Attn: Nichole Moudry**

9696 226th LN NW

Elk River, MN 55330

Child's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade for next school year (2023-2024): \_\_\_\_\_

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 cancellation fee. After June 1st, 2023 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 [nichole@moudry.net](mailto:nichole@moudry.net)

For questions please contact Nichole Moudry

[nichole@moudry.net](mailto:nichole@moudry.net)

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, June 26 - July 1 campers, June 24 - July 1 team leaders
3. **ACTIVITY SUPERVISOR(S):** Georgette Steeves, Olivia Steeves, 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: \_\_\_\_\_

---

**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: \_\_\_\_\_

**Alternative Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

# MEDICAL RECORD

FOR RC ACTIVITIES: CHALLENGE SUMMER CAMP 2023

---

JUNE 26TH TO JULY 2ND, 2023

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
M Initial

\_\_\_\_\_  
DOB

\_\_\_\_\_ lbs.  
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:**

---

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

June 26th - July 2nd 2023

---

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 Do you have CPR/first aid training? 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 26 - July 2)
- 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 2023  
9696 226th Ln NW,  
Elk River, MN 55330

Must Send by: April 30<sup>th</sup> 2023